DOCUMENT RESUME

ED 174 428 SE 027 997

TITLE	Biomedical Social Science, Unit III: Decision-Making and Health in American Society. Instructor's Manual. Revised Version, 1976.
INSTITUTION	Biomedical Interdisciplinary Curriculum Project, Berkeley, Calif.
SPONS AGENCY	National Science Foundation, Washington, D.C.
PUB DATE	76
NOTE	87p.; For related documents, see SE 027 978-999 and SE 028 510-516; Not available in hard copy due to copyright restrictions; Contains occasional light type
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Citizen Participation; *Decision Making; Decision Making Skills; *Democratic Values; Health; *Health Education; *Lesson Plans; Political Attitudes; Public Policy; Secondary Education; Social Sciences; *Values

ABSTRACT

This guide presents lesson plans to accompany the student text. The lessons in this unit present 3 concepts: (1) allocation of responsibility; (2) decision-making; and (3) valuing. The concepts are illustrated in simulations, in situations related to governmental functioning in the U.S. and in health care delivery situations. Each lesson includes: (1) a synopsis; (2) a statement of objectives; (3) a list of supplies needed for the lesson; (4) assignments to be completed in the student text before the class session; (5) suggested teaching procedures; and (6) follow-up assignments for the students. (Author/RE)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED174428

THE BIOMEDICAL INTERDISCIPLINARY CURRICULUM PROJECT

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Mary L. Charles
NSF

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BIOMEDICAL SOCIAL SCIENCE

UNIT III

DECISION-MAKING AND HEALTH IN AMERICAN SOCIETY

INSTRUCTOR'S MANUAL

SE 027 997

BIOMEDICAL SOCIAL SCIENCE

UNIT III

DECISION-MAKING AND HEALTH IN AMERICAN SOCIETY

INSTRUCTOR'S MANUAL

REVISED VERSION, 1976

THE BIOMEDICAL INTERDISCIPLINARY CURRICULUM PROJECT

SUPPORTED BY THE NATIONAL SCIENCE FOUNDATION

Any opinions, findings, conclusions or recommendations expressed herein are those of the autoor and do not necessarily reflect the views of the National Science Foundation.

Copyright © California Committee on Regional Medical Programs, 1976

TABLE OF CONTENTS

Lesson	Title	Page
	Prefatory Note to the Instructor.	i
	Lessons Requiring Advance Preparation	ii
	A Note on Format.	iii
	VALUES AND DECISION-MAKING	
1-2	Who Should Receive a New Heart?	1
3-4	Analyzing Value Statements, Identifying Value Principles. .	5
5-7	Deciding among Alternative Uses for Resources	8
	ALLOCATIONS OF RESPONSIBILITY	
	Prefatory Note for Lessons 8-11	11
8-9	Simulation of Allocations of Responsibility	12
10-11	Identifying Allocations of Responsibility	20
	RESPONSIBILITY FOR DECISION-MAKING IN THE AMERICAN SYSTEM OF GOVERNMENT	
12	Identifying Current Domestic Issues	23
13	A Model of the Constitution	25
14-15	Allocation of Responsibility in the Constitution.	27
16-17	Current Issues and the Constitution	34
	BUREAUCRATIC AND INFORMAL DECISION-MAKING	
18	Making CHD Posters.	41
19	CHD Poster Contest, Version I	42
20	CHD Poster Contest, Version II.	43
21	Discussion of the CHD Poster Contest, Versions I and II . .	52
	ANALYZING COMMUNITY OPINION ABOUT HEALTH CARE	
22	Defining an Area for Investigation.	58
23	Selecting Questionnaire Items	59
24	Sampling and Planning for Data Analysis	60
25	Generalizing from the Survey.	62
	THE COST OF HEALTH CARE IN THE UNITED STATES	
26	Health Expenditures in the United States.	62
27	The Health-Care Market.	65
28	Controversial Questions about Health-Care Expenditures. . .	67
	NATIONAL HEALTH-CARE PLANS	
29-30	Alternative Health-Care Proposals	69
31	Interest Groups and Politicians	73
32-35	Congressional Hearings on Health Plans.	75
36	Summary	78

PREFATORY NOTE TO INSTRUCTOR:

Three important concepts are at the heart of this Unit: allocation of responsibility, decision-making and valuing. These three concepts are highly interrelated. They are illustrated in abstract situations (simulations), in situations related to governmental functions and in situations related to health-care delivery. After completing this Unit students should be able to analyze their own value statements and identify the value principles on which those statements are based. They should also be able to identify value principles reflected in decisions about the allocation of health care in the United States.

Students should develop an understanding of the several ways in which decisions can be made. They should also learn some functions of the United States Congress. Although the unit contains a large number of activities, and these activities may at times seem unrelated, by the conclusion of the unit it is hoped that students will be able to see relationships among values, decision-making, governmental functions and the allocation of health-care resources.

To accomplish these goals it has been necessary to introduce some basic ideas from economics, sociology and political science. Thus students encounter such terms as constant dollars, bureaucratic division of labor, republican government, inflation, gross national product, interest groups and informal group processes. It has also been necessary to include a study of the Constitution as a basis for analysis of governmental functions and allocation of responsibility among citizens and officers of government. In keeping with the interdisciplinary nature of the curriculum, these concepts are not identified with specific academic disciplines even though many of them are clearly the products of specific disciplines. It is far more important for students to understand the usefulness of the concepts as explainers of individual and collective behavior than to understand the development of these concepts within disciplines.

The following detailed explanation of the lessons in this unit is divided into seven parts. If you wish to evaluate student progress, this division suggests appropriate points for evaluation activities you select. This is a long unit; postponing any evaluation until the entire unit is complete may place an unreasonable burden upon students. However, an end-of-unit evaluation will enhance student understanding of the interrelationships among the several components of the unit.

The culminating activity (role-playing a Congressional hearing on national health-care proposals) is an important one, and it has proved popular with students and instructors. If you find that there will not be sufficient time to complete the unit, you can omit Lessons 22 through 25 without causing a major disruption in the learning sequence. These four lessons involve students in the process of survey research, and include questionnaire construction, the drawing of a random sample and the manipulation of data. While this is an important topic, and a means of reinforcing and expanding upon knowledge first encountered in Unit I, it is not essential to an understanding of Unit III. Further, it may require more time than other lessons since students must interview subjects in their school and community. Although we do not want to encourage the removal of this sequence, it would be far better to do that than to omit the sequences that follow.

Values and Decision-Making (Lessons 1-7): Students role-play a situation in which it is their responsibility to decide how certain health-care resources should be allocated, given three alternatives with arguments in favor of all three. In other activities students identify value statements, identify value principles underlying value statements, analyze the value statements implicit in their own resource-allocation decisions and discuss the importance of values and internal value conflict in relation to decision-making.

Allocations of Responsibility (Lessons 8-11): Students participate in a game that simulates six different ways of allocating responsibility for decision-making within a group. Students describe the allocations of obligation and accountability in each simulation, and identify corresponding allocations of responsibility in groups they are members of, in health-care delivery situations and in groups that are part of the cultures studied in Unit II.

Responsibility for Decision-Making in the American System of Government (Lessons 12-17): Students analyze the allocation of responsibility for governmental decision-making under the Constitution of the United States, including the obligations and the

accountability of citizens as well as those of officers of the legislative, executive and judicial branches of government. Students also gather information on current government-related domestic issues and describe these issues in terms of several concepts inherent in the American system of government.

Bureaucratic and Informal Decision-Making (Lessons 18-21): In this sequence students make posters to encourage people to avoid factors that increase the risk of coronary heart disease, then participate in two "poster contests." One contest simulates informal group decision-making and the other contest simulates bureaucratic decision-making. Students discuss the advantages and disadvantages of each style of decision-making, and identify real instances of both styles of decision-making in health-care delivery and in other situations they are familiar with.

Analyzing Community Opinion about Health Care (Lessons 22-25): Students design a questionnaire with which to assess the opinions of community members about health care. They then select populations, draw one or more samples, administer the questionnaire, analyze the data and generalize from the data.

The Cost of Health Care in the United States (Lessons 26-28): Students analyze data on national health-care expenditures, discuss market forces in general and the peculiarities of supply and demand in the health-care market in particular, and consider some controversial questions about the allocation of health-care resources in the United States.

National Health-Care Plans (Lessons 29-36): Students identify value conflicts and practical problems raised by two alternative national health-care proposals, and discuss the roles of interest groups and politicians in formulating and adopting national health-care plans. They then role-play congressional hearings on national health-care plans, some students taking the roles of sponsors of legislation, some the roles of interest-group representatives and some the roles of members of a subcommittee of the House of Representatives.

LESSONS REQUIRING ADVANCE PREPARATION:

Several lessons in this sequence require advance preparation on your part in addition to the normal reading of instructor's and students' materials. These lssons and the types of preparation required are briefly outlined below. For each lesson or sequence of lessons listed below there is (unless otherwise noted) a special Advance Preparations section preceding the Suggested Teaching Procedures in this Instructor's Manual. The Advance Preparations sections give more detail than the brief listings below. You can use the list below as a guide for deciding how far in advance to begin preparing for these particular lessons.

Lessons 5-7: You may want to reserve separate rooms in which groups of students can meet to role-play meetings of the hospital's governing board in Lesson 5. You may also want to invite a hospital administrator to speak to the class some time after Lesson 7.

Lessons 8-11: The activities in this sequence can be scheduled in at least two different ways. For further information see the special Prefatory Note to Lessons 8-11 which immediately precedes Lesson 8 in this Instructor's Manual.

Lessons 8-9: You may want to select group coordinators in advance and to put them through a trial run of the simulation games before you teach these lessons.

Lesson 12: You may want to keep tabs on the news media for a few weeks before teaching Lesson 12, so as to identify current, government-related domestic issues that you would like students to gather information on in preparation for Lessons 16 and 17.

Lesson 18: You may want to give some thought to the assigning of students to groups for the poster-making activity. You should also gather poster-making materials before teaching this lesson.

Lesson 19: You may want to arrange furniture in the classroom for Version I of the poster contest before teaching this lesson.

Lesson 20: You may want to select judges in advance, and also to arrange furniture and other supplies, for Version II of the poster contest before you teach this lesson.

Lesson 23: In Lesson 23 the class will design a questionnaire. Before teaching Lesson 24 you will need to prepare copies of the questionnaire for students to use in conducting the survey, and you may wish to prepare copies of a cover letter to respondents as well. See the end of Lesson 23 for further information.

Lesson 24: In Lesson 24 students may decide to draw a random sample of a population that they want to survey. If this is not the first time the Biomedical Curriculum has been used at your school, the Biomedical Science instructor will be able to program the breadboard computer to draw a random sample from a population of any size. See Lesson 24 for further information.

A NOTE ON FORMAT:

In the Instructor's Manual for this unit and succeeding units you will find some notations in square brackets. For example, the following notation appears on the first page of the first lesson:

[Read "An Important Decision" and the Master.]

"An Important Decision" is the first reading in the Student Text. (All materials listed in square brackets appear in the Student Text unless otherwise noted.) The Master referred to is listed by title in the Supplies section of the lesson plan; it appears both as a separate sheet, which you may use as a master for reproduction, and as a page at the end of the lesson plan in this book.

The notations in square brackets have been included to help you find your way through the student materials with a minimum of confusion when you first encounter these lessons. When you are reading a lesson for the first time, begin at the beginning of the lesson plan in this book. When you come to a notation in square brackets, read the indicated materials. Then resume reading the lesson plan where you left off.

By using these notations in this way you will encounter all student materials in a context such that the student materials help you make sense of the lesson plans, and the lesson plans help you to make sense of the student materials. In addition, you will encounter the student materials in approximately the order in which the students will encounter them as you teach the lessons.

LESSONS 1 and 2: WHO SHOULD RECEIVE A NEW HEART?

SYNOPSIS:

In these two lessons students will individually decide which of seven prospective recipients should receive an artificial heart. In the first lesson groups are formed on the basis of the criteria students use to make that decision, and each group then makes a group decision on the same question. The second lesson, a discussion of the results of group work, includes questions about who should make these decisions and about what value principles affect these decisions.

OBJECTIVES:

The student will:

- discover that a given criterion priority does not necessarily lead to a single recipient.
- identify criteria he believes important in the making of decisions about allocation of a health-care resource among individuals.
- suggest some value principles that appear to support his choice of criteria.
- evaluate other criteria that may be appropriate for such decisions, and state reasons why he considers them less important.

SUPPLIES:

Master: Who Should Receive an Artificial Heart? (This is a worksheet for use in class. You may wish students to use blank paper, or you may wish to reproduce the master and distribute one copy to each student.)

STUDENT TEXT:

An Important Decision (to be read in class)

Value Statements (assignment after Lesson 2)

SUGGESTED TEACHING PROCEDURES:

[Read "An Important Decision" and the Master.]

A. Individual Decision-Making: Distribute the worksheet "Who Should Receive an Artificial Heart?" or instruct students to record their responses on plain paper, using any model you suggest. Students should read "An Important Decision," in the Student Text, before completing the worksheet. Instructions for decision-making are included in the reading. When all students have made their decisions and recorded them, groups should be formed.

B. Group Decision-Making: Form groups so that each group includes students who used the same criterion, but who arrived at different decisions. The size of the groups will depend in part on your own judgement and in part on the results of the individual decision-making exercise. An easy way to form groups is to assign all students who ranked "accomplishments" first to one group, those who ranked "age" first to another group, and so on. If this procedure results in a serious imbalance, some students may need to be reassigned according to their second-ranked criterion. It's probable that some criteria, such as "potential for future accomplishments," will be selected by most students. Try to subdivide these groups so that the decisions within a group are varied. In this way students will see that, using the same criterion, different people can make different decisions.

Once groups have been formed, inform them of their tasks. Each group should: (1) arrive at an agreed-on decision as to which person should receive the artificial heart, (2) select the first- and second-ranked criteria that were used to reach this decision and (3) select a person from the group to report the results. Groups can proceed with the task as they see fit, and they may have as much time as you wish to give them. (If they do not finish in one class period, the discussion in Lesson 2 can be shortened appropriately.)

C. Discussion of Results of Group Decision-Making: The discussion of results will probably begin with a comparison of the decisions made by different groups. To

organize the discussion, it is helpful to have one person from each group report the group's decision and the criterion the group used. By recording these reports on the board before discussion begins you can underscore any major differences among groups; group representatives can then explain the reasoning that supported their groups' decisions. The following questions may be useful for conducting the discussion; some of them may be inappropriate for your class, depending on the results of group decision-making.

1. When the groups were formed, the members of each group had used the same criterion in their individual decisions, yet they had not all reached the same decision. How do you account for this?

2. More than one group reached the same decision--selected the same person to receive the artificial heart--yet the groups did not use the same criterion. How can this be explained?

3. More than one group used the same criterion, yet they did not reach the same conclusion regarding which person should receive the artificial heart. How can this be explained?

4. How would you categorize these criteria? Are they political, economic, institutional, value, etc.? (This question is designed to get students thinking about the many points of view that can be used to reach such a decision.)

[Read "Value Statements," "How Important Is a Value Statement?" "Another Allocation Possibility" and "A Third Possibility."]

D. Discussion of the Values That Are Present in the Decision-Making: This part of the discussion (which should follow easily from the fourth question given above) is an introduction to the next two lessons, on value statements and value principles. Students are not yet familiar with these terms, but they have encountered the concept of "value" as a point of view in Unit I. In the assignment for the next lesson they will read more on value statements and value principles. You should read the Student Text for the next two lessons before beginning this discussion. You can help prepare students for the next two lessons by following the procedure of continually asking, "Why?" to answers given by students. Initiate this discussion by asking why a particular person should receive the artificial heart. Translate the reason into a value statement and ask the student if he or she would agree with the translation that you provide. (The "translation" process is illustrated in the reading "Value Statements," in the Student Text.)

Example:

T: Why did you select Sam Goldsmith?

S: Because he has tried hard, he can advance even more and he has a wife and kid to support.

T: Which of those reasons do you think is most important?

S: The last one, I guess. His family.

T: Then would you agree that persons who support families deserve to have--or should have--medical care to keep them healthy?

S: Yes.

T: Why?

S: Because they need to be healthy so they can earn money.

T: Why?

S: Because without money the family would have a hard time.

T: And you don't think people should have a hard time?

S: No.

T: Why not?

(And so on.)

With this questioning strategy you can help students begin to uncover their basic values, such as the obligation to support a family or, more basically, the value "freedom from lack of support" or the value "life" itself.

Of course, there are other directions that you can pursue in the discussion. In the worksheet, "Who Should Receive a New Heart?" the students ranked all six criteria. The question why students ranked one criterion higher than another can serve as a starting point for discussing values.

ASSIGNMENT:

You may want to point out the relationship between the identification of values and the decision-making process. When the discussion has accomplished the purpose you intended, assign "Value Statements" for the next class. This is a short reading followed by an exercise; remind students that they should complete the exercise in preparation for the next class session.

MASTER: WHO SHOULD RECEIVE AN ARTIFICIAL HEART?

1. WHICH OF THE SEVEN APPLICANTS IS YOUR FIRST CHOICE TO RECEIVE THE ARTIFICIAL HEART? _____

2. WHO IS YOUR SECOND CHOICE? _____

3. WHICH CRITERIA WERE MOST IMPORTANT WHEN YOU MADE YOUR DECISION? (ASSIGN A RANK OF "1" TO THE CRITERION YOU THOUGHT WAS MOST IMPORTANT, "2" TO THE CRITERION YOU THOUGHT SECOND MOST IMPORTANT, ETC., UNTIL YOU HAVE RANKED ALL SIX CRITERIA. DO NOT ASSIGN THE SAME RANK TO MORE THAN ONE CRITERION EVEN THOUGH THE DISTINCTION MAY BE DIFFICULT TO MAKE.)

CRITERION	RANK
ACCOMPLISHMENTS	____
AGE	____
INCOME OR FAMILY WEALTH	____
NUMBER OF DEPENDENTS	____
POTENTIAL FOR FUTURE ACCOMPLISHMENTS	____
ROLE AND/OR OCCUPATION	____

LESSONS 3 and 4: ANALYZING VALUE STATEMENTS, IDENTIFYING VALUE PRINCIPLES

SYNOPSIS:

In these two lessons students are introduced to the twin concepts of value statement and value principle. From a list of twenty statements, students identify those that are potential value statements. They are then introduced to the Value Statement Analysis Instrument and given the assignment of using the instrument to identify value principles behind their value statements and to assign scores of importance to their value statements. The second day is a discussion of the instrument and the role of value principles in decision-making.

OBJECTIVES:

The student will:

- identify value statements.
- identify one or more value principles that underlie a value statement.
- provide an example of value conflict that results from the presence of two or more value principles.
- analyze the personal importance of one of his value statements through the use of a five-criterion instrument.

SUPPLIES:

Master: Value Statement Analysis Instrument. (Reproduce as many of these as you think necessary. Each student will need at least one copy for these lessons, and some students may wish to do more than one analysis.)

STUDENT TEXT:

Value Statements (reading assignment preceding Lesson 3)

How Important Is a Value Statement? (assignment after Lesson 3)

Another Allocation Possibility (assignment after Lesson 4)

A Third Possibility (assignment after Lesson 4)

SUGGESTED TEACHING PROCEDURES:

A. Discussion of the Assignment: The purpose of this discussion is to assist students in determining what constitutes a value statement. There are many ways to accomplish this; a good introduction is to determine whether there are value statements in the list of "Twenty Sentences," at the end of the reading "Value Statements," which students disagree on. If you display twenty numbers on the board and record beside each the number of students who think it is a value statement, the disagreements can be easily seen. Several points should emerge in the discussion.

1. Some of the statements can easily be translated into the form, "People should...." These are: 3, 4, 9, 10, 13, 15, 18 and 20.

2. Some of the statements clearly have something to do with values, but they do not directly express judgments about how people should act. They do imply that "people should ..." but it isn't clear just what value the speaker is supporting. These are statements 1, 5, 11, 16 and 17. For example, Statement 1 may imply that people should not drown valleys by building dams, but it does not directly say so. In fact, the opposite may be intended by the speaker; he may dislike dry valleys. Statement 5 may imply that people should respect the President, but it does not say this. Each of these statements can be tested for truth.

3. Statements 2, 6, 7, 8, 12, 14 and 19 show that the speaker is evaluating something in relation to certain criteria and expressing a judgment. In some of these sentences (2, 6, 7 and 8) the criteria probably involve human behavior, and may be value statements. However, we are not given the criteria, only the judgment. All seven of these judgments could be tested for truth if we knew the criteria on which the judgments were based.

It isn't necessary that students analyze each statement. However, they should see the distinction between value statements and all other statements, and they should be able to determine some value principles underlying each value statement.

You can assist students in the latter task by continuing to use the technique of asking, "Why?" until a value principle is identified. As part of their assignment, students were instructed to do this with one of the statements they translated into a value statement. A discussion of the results of this procedure, especially if two or more students selected the same statement but identified different value principles, will be useful in preparation for the next assignment.

[Read the Master, "Value Statement Analysis Instrument."]

B. Assignment: Be certain to allow time for the assignment as it requires some explanation. Distribute one or more copies of the Value Statement Analysis Instrument to each student and give the class a few minutes to examine the instrument. The assignment for the next lesson is to select a value statement and complete the Value Statement Analysis exercise. Students may want to select one of the "Twenty Sentences" at the end of the reading "Value Statements," or they may want to use a value statement that emerged from the discussion of the artificial heart. It is not necessary that every student use the same statement, but each student must select a statement that he supports.

In conjunction with this assignment, students should read "How Important Is a Value Statement?" in the Student Text. This reading explains the rationale behind the Value Statement Analysis Instrument.

C. Discussion of the Assignment: This discussion should focus on the results of the assignment. However, you may think it worth the time to discuss the reading "How Important Is a Value Statement?" as well. As a result of the discussion, students should be better able to identify the value principle(s) they possess and the degree to which they support value statements they may make.

The discussion can be quite interesting if value conflicts are present. It may be that some students will discover they have internal value conflicts; it is also possible that two or more students will have value principles that are in conflict. In order to underscore the difficulties that can result, see whether each student can accept the value principle of the other when it is not tied to a specific value statement. This isn't difficult if students have carried their analysis far enough and the value principles they identify are global ones such as "freedom" or "life."

A value conflict requires a decision to choose one value principle over another, or the refusal to make a choice (which is also a decision). There are several classic examples of value conflicts, such as the selection of life over truth when an untruth will save lives, or the selection of family support over community support when an action that is best for the community may be detrimental for the family of the decision-maker. Indeed, the selection of a recipient for the artificial heart should uncover a number of value conflicts. Should this occur, point out that many economic decisions (decisions about how resources ought to be allocated) are, at base, value decisions and involve value principles. Students will see more of this after they have completed the next assignment.

D. Assignment: For the next class, students should read "Another Allocation Possibility" and "A Third Possibility," in the Student Text. Students may wish to translate their answers to the questions that follow the readings into value statements and to analyze these value statements with the Value Statement Analysis Instrument.

VALUE STATEMENT ANALYSIS INSTRUMENT

INSTRUCTIONS: 1. WRITE THE VALUE STATEMENT BEING ANALYZED. 2. USING THE PROCEDURE OF CONTINUALLY ASKING "WHY?" DETERMINE THE UNDERLYING VALUE PRINCIPLE. 3. USE THE VALUE STATEMENT (NOT THE PRINCIPLE) IN ANSWERING THE FIVE QUESTIONS. FOR EACH QUESTION THREE ANSWERS ARE PROVIDED. CIRCLE THE NUMBER FOLLOWING THE ANSWER YOU WISH TO GIVE TO EACH QUESTION. 4. ADD THE NUMBERS YOU HAVE CIRCLED.

VALUE STATEMENT: _____

_____

VALUE PRINCIPLE: _____

_____

QUESTIONS	POSSIBLE ANSWERS (CIRCLE ONE FOR EACH QUESTION)	
1. HAVE YOU BEEN PRESSURED TO MAKE THIS VALUE STATEMENT?	NO. THERE HAS BEEN NO PRESSURE ON ME.	4
	SOMEWHAT. THERE HAS BEEN A LITTLE PRESSURE.	2
	YES. OTHER PEOPLE HAVE TRIED TO INFLUENCE ME.	0
2. HAVE YOU CONSIDERED ALTERNATIVE VALUE STATEMENTS ON THIS SUBJECT?	YES. I'VE GIVEN THEM CAREFUL CONSIDERATION.	4
	I'VE GIVEN SOME THOUGHT TO ALTERNATIVES.	2
	NO, I HAVEN'T THOUGHT MUCH ABOUT ALTERNATIVES.	0
3. HAVE YOU CONSIDERED THE CONSEQUENCES IF MANY PEOPLE ACTED ON THIS VALUE STATEMENT?	YES, I'VE GIVEN THEM CAREFUL CONSIDERATION.	4
	I'VE GIVEN SOME THOUGHT TO THE CONSEQUENCES.	2
	NO, I HAVEN'T REALLY THOUGHT ABOUT THEM MUCH.	0
4. ARE YOU WILLING TO AFFIRM THIS VALUE STATEMENT PUBLICLY EVEN THOUGH YOU WOULD STAND TO GAIN NOTHING BY AFFIRMING IT?	YES. I WOULD MAKE IT ANYWHERE AT ANY TIME.	4
	I THINK SO, BUT POSSIBLY WITHIN SOME LIMITS.	2
	NO, I DON'T THINK I WOULD MAKE IT PUBLICLY.	0
5. HAVE YOU TAKEN ANY ACTION THAT DEMONSTRATES YOUR AGREEMENT WITH THIS VALUE STATEMENT, EVEN THOUGH YOU STOOD TO GAIN NOTHING BY THE ACTION?	YES. I HAVE OFTEN TAKEN SUCH ACTION.	4
	I HAVE TAKEN SUCH ACTION AT LEAST ONCE THAT I RECALL.	2
	NO. I HAVE NOT TAKEN SUCH ACTION.	0

TOTAL OF CIRCLED RESPONSES ____

LESSONS 5 through 7: DECIDING AMONG ALTERNATIVE USES FOR RESOURCES

SYNOPSIS:

These three lessons conclude the sequence on decision-making and values. Three days should be adequate for completion of these lessons, but you may wish to take more time. In the first lesson students work in groups to role-play meetings of a Board of Directors of "Heart Research Hospital." The task is to decide among three proposals, and to support the reasons for the group decision. When this activity is completed, reports are made and students discuss the decisions, the value statements implied by the decisions, and the value conflicts that may be present within and among groups. A suggested assignment during the sequence is the use of the Value Statement Analysis Instrument to identify the value principles being used by the groups and the importance of the value statements made by the groups.

ADVANCE PREPARATION:

If possible, reserve meeting rooms for the groups. Your class will probably have three or four groups, one of which can meet in the classroom.

Optional: Although these lessons are intended to introduce the use of value principles in decision-making, their immediate subject matter relates to decision-making by hospital administrators. Therefore, you may wish to invite a hospital administrator to visit the class and answer any questions students may have about hospital administration. If you do this, the best time for a visit will be after Lesson 7. Any earlier visit may cause students to bring more to the role-playing activity than is intended, and may detract from the basic intent of the lessons.

OBJECTIVES:

The student will:

- demonstrate an ability to contribute to group decision-making processes.
- consider more than one point of view in his contribution to group decision-making.
- support his group's decision in terms of positive and negative consequences of each possible decision.
- translate possible group decisions into value statements and identify the value principles that support those statements.
- identify value conflicts that are present in a decision-making group.

SUPPLIES:

Instructions for Board of Directors Meeting. (If you wish, you may prepare these instructions from the information given in this guide; otherwise, you can simply tell the groups what their tasks are, and/or write them on the board.)

STUDENT TEXT:

An Important Decision (for reference in class)

Another Allocation Possibility (for reference in class)

A Third Proposal (for reference in class)

Who Is Responsible? (assignment following Lesson 7)

SUGGESTED TEACHING PROCEDURES:

A. Formation of Role-Playing Groups for Board of Directors Meeting: The number of groups you assemble will depend upon the size of your class; there should be at least two groups. Seven to ten students is a good size to role-play a board meeting. There are no essential criteria for group composition. If most or all students in a group selected the same patient in the original exercise, the group would need little time to choose a heart recipient. When groups have been formed and meeting spaces assigned, you may wish to distribute a set of instructions or in some other way to describe the setting and the group task.

B. Role-Playing Board of Directors's Meeting: Members of each group are to act as if they were (play the roles of) members of the Board of Directors of Heart Research Hospital. They can assume any additional roles they wish (physician, community activist, business leader, etc.).

For the rest of the period (and for the second day if necessary), groups will meet to discuss and act upon three proposals: the proposal by the hospital administration to purchase an artificial heart and implant it in a patient, the proposal by some staff members to spend the amount required for the first proposal ($100,000) on a preventive program for "high coronary risks," and the proposal from the senior citizens of the community to spend the money for a program of immunization against influenza for old people. Funds are limited, and only one of the proposals can be approved by the board. Each "Board of Directors" must decide on one alternative; it must also report the reasons for its decision. You may wish to appoint a chairperson (Chairman of the Board) to do this.

Note: Students are not told that the Board has the option of not spending the $100,000. However, if a group wants to take that option, the group should be allowed to do so and to discuss the reasons for the decision not to act.

Students should also keep these points in mind:

1. They are role-playing a meeting of a Board of Directors; this means they should behave not as members of a small, problem-solving group making a value statement, but as members of a real, influential and official group making an important decision with real consequences. (The role-playing activity in Unit I, Lessons 10 and 11, can be reviewed at this time.)

2. While they are to represent the best interests of the hospital, they are also expected to deliberate with a full awareness of their own personal value principles. They are individuals as well as members of an important group.

3. The questions that follow the second and third proposals may be useful in discussion of the issue. Other questions may also arise. Each group may wish to select a person to keep a record of the proceedings, noting the actions suggested and the reasons given for accepting or rejecting each suggestion.

C. Optional Assignment: Sometime during this sequence and after groups have been meeting, you may wish to make an assignment. Each student could use the Value Statement Analysis Instrument to record the value statement that he believes the group is making by the action it has taken, and to identify his individual score on that statement. A group average can easily be computed to determine the degree to which the group's members support their collective decision. If the group has not yet reached a decision, students can apply the Value Statement Analysis Instrument to all the alternatives and the group can then determine which alternative has the highest group score.

D. Discussion: Reporting can take many forms, ranging from a free discussion of what transpired to an individual report from each group, followed by questions from members of other groups. Several points should emerge from the discussion. Use your preferred questioning strategies to encourage students to reach these conclusions through their own intellectual activity.

1. More than one decision is possible since there are four alternatives (including not spending the $100,000). Each alternative has merit. The important point is not, "Which has merit?" but rather, "Which value is most important in this situation?"

2. The need to choose the value that is most important in the situation is the result of a value conflict--that is, there is more than one important value to consider, and selecting one means rejecting another.

3. Consequences are important. When a group choses one alternative, the consequences of not choosing the others become important. An alternative may be chosen because it has what appear to be the most desirable consequences. But it may be chosen because not choosing it would have the largest number of undesirable consequences.

4. In decision-making by a group with a specific identity (such as a Board of Directors) a group agreement may be based on the identity of the group (acting in the best interest of the hospital, in this case). However, an agreement also reflects the values and experiences of the group members as individuals.

5. Many points of view affect important decisions, especially when they are the result of group interaction. Students should be able to suggest several of these and provide specific examples.

ASSIGNMENT:

[Read "Who Is Responsible?"]

In preparation for the next four lessons, assign the reading "Who Is Responsible?" in the Student Text.

PREFATORY NOTE FOR LESSONS 8-11:

Lessons 8 and 9 in this Instructor's Manual describe procedures for carrying out six versions of a game. The six versions are actually six simulations. Three can be played during the first class period of the sequence and the other three can be played during the next. Lessons 10 and 11 describe discussion topics to follow the simulations.

You might wish to alter the schedule: play three versions the first day of the sequence, discuss them the next day, play the other three versions the third day and discuss them on the fourth day. The materials for lessons 8-11 are designed to make it easy for you to use either schedule. In addition to materials in this Instructor's Manual there are, in the Student Text, the Group Coordinator's Instructions, a list of questions and a short reading. All these bear on the simulations. Below you will find outlines for these two ways of teaching this sequence. We urge you to look over both outlines and all the relevant materials before you decide how to schedule these activities for your class.

First Option:

This is the sequence described in the Suggested Teaching Procedures for lessons 8-11.

Before First Day:

Assign the reading "Who Is Responsible?" in the Student Text.

First Day:

Play Versions I, II and III of the game (INDIVIDUAL, COORDINATOR and GROUP--UNANIMOUS).

Homework:

Assign questions as desired from "Questions on the Simulations," in the Student Text.

Second Day:

Play Versions IV, V and VI of the game (AGENT, EXPERT and GROUP--MAJORITY).

Homework:

Assign questions as desired from "Questions on the Simulations."

Assign the reading "Analyzing Allocations of Responsibility," in the Student Text, and point out that it is related to questions 4 and 5.

Third Day:

Begin discussion of all six versions of the game.

Fourth Day:

Conclude discussion of all six versions of the game.

Second Option:

Before First Day:

Assign the reading, "Who Is Responsible?"

First Day:

Play Versions I, II and III (INDIVIDUAL, COORDINATOR and GROUP--UNANIMOUS).

Homework:

Assign questions as desired from "Questions on the Simulations."

Second Day:

Discuss Versions I, II and III.

Third Day:

Play Versions IV, V and VI (AGENT, EXPERT AND GROUP--MAJORITY).

Homework:

Assign questions as desired from "Questions on the Simulations."

Assign the reading "Analyzing Allocations of Responsibility"; point out that it is related to questions 4 and 5 and relates to all six versions of the game.

Fourth Day:

Discuss Versions IV, V and VI.

Review allocations of responsibility in all six versions.

LESSONS 8 and 9: SIMULATION OF ALLOCATIONS OF RESPONSIBILITY

SYNOPSIS:

In these two lessons students participate in six versions of a simple dice game. Students participate in small groups of approximately equal size; each group compares the results it obtains in the different versions, and also compares the results it obtains in each version with the results other groups obtain in that version.

OBJECTIVES:

The student will describe the allocation of obligation and the allocation of accountability in:

- at least one group situation in which the student has participated or is now participating.
- at least one group situation that might occur in a culture that the student has studied in Unit II.
- at least one health-care delivery situation that the student has either participated in or learned about.

SUPPLIES AND EQUIPMENT:

One pair of dice for each group

Master: Group Score Sheet (one copy per group for use in class)

Master: Individual Score Sheet (one copy per student for use in class)

Master: Class Score Sheet (Make a transparency or copy on chalkboard for use in class.)

Master: Expert Advice (Make a transparency, copy on chalkboard or reproduce one copy per group for use in class.)

Grease pencil for writing on Class Score Sheet transparency (optional)

Overhead projector and screen (optional)

STUDENT TEXT:

Who Is Responsible? (for discussion before the simulations)

Group Coordinator's Instructions (used during the simulations)

Questions on the Simulations (homework following the simulations)

ADVANCE PREPARATIONS:

[Read "Who Is Responsible?" "Group Coordinator's Instructions" and the masters.]

A few days before you teach Lesson 8, you may want the group coordinators (and any alternates you choose) to play the game outside of class. Group coordinators will need to make some simple calculations (addition and division) rapidly and accurately, and will need to maintain a modicum of order in their groups. In this trial run they will be the players and you will be the coordinator. The trial will enable them to see how the game goes and how you keep score. The results of the trial game are unimportant.

For this trial each participant should have the Group Coordinator's Instructions, in the Student Text. You will need one Group Score Sheet and an Individual Score Sheet for each participant.

Note: If you have a trial game, do not use Version V (EXPERT) during the trial. The Master "Expert Advice" used in Version V should be kept from all students until the whole class plays Version V.

SUGGESTED TEACHING PROCEDURES:

A. Transition from the Preceding Lessons: This is the beginning of a sequence of lessons in which students will investigate and apply several concepts that are useful in the study of government. The reading "Who Is Responsible?" introduces three of these concepts--responsibility, obligation and accountability--and relates them to the preceding lessons and also to the simulations introduced in these two lessons. These concepts will be developed more fully in later lessons, and they and other concepts will be applied both to government and, where appropriate, to health care.

To help students make the transition from the preceding lessons to the following ones, you might ask students to discuss the situation they have just role-played (the process of deciding how Heart Research Hospital should spend its $100,000) in terms of obligation and accountability. Among the questions you might use are the following.

1. What are the obligations of the Board of Directors of Heart Research Hospital? (One of them, in the role-playing situation, is to decide how the hospital should spend its money. Another one, at least from the point of view of the groups that proposed the alternative ways of spending the money, is to serve the community that the hospital is in. If your class had a hospital administrator as a guest speaker, then students may also know some things that real hospitals' boards of directors [boards of trustees, etc.] are obligated to do.)

2. How did the directors of the hospital acquire these obligations? (The role-playing instructions did not reveal how the directors got on the board, so students cannot answer this question precisely. If they have heard from a hospital administrator, they can discuss the ways in which real hospital directors acquire their responsibilities.)

3. To whom are the directors accountable? (Again, the role-playing instructions were not specific, and information from guest speakers may be relevant. The groups that proposed alternative uses for the $100,000 implied that the directors were accountable in some way to the community. No doubt the directors are also accountable to whoever has supplied the money: the government, private foundations, charities, local donors and so forth.)

Discussion of a few questions such as these should serve to illustrate the relevance of the concepts of obligation and accountability to health-care delivery. The discussion should not be prolonged; you should save as much time as possible for the simulations.

B. Setting Up Version I: If you have not already done so, divide the class into groups of approximately equal size. Each group should have at least four members (including the group coordinator); six is a better size. By making groups as nearly equal in size as possible, you can help ensure that all groups will finish each simulation in approximately the same amount of time. Assign each group to an area of the room; each group should be seated around a table or desk with a smooth, horizontal surface free of obstructions.

Assign a group coordinator to each group if you have not already done so, and give each group coordinator the Individual Score Sheets (one for each player), a Group Score

Sheet and a pair of dice. Each coordinator should also have a copy of the Group Coordinator's Instructions (in the Student Text).

Read aloud the "Basic Rules of the Game" from the Group Coordinator's Instructions (substituting "the coordinator" for "you") and answer any general questions that arise. Be sure to stress that there will be six versions of the game and that each version will have a different rule for deciding whether a player should stop after a roll of the dice or roll again; however, the "Basic Rules of the Game" apply in all six versions.

When everyone appears to understand the basic rules, the group can begin. At this point the coordinators can tell their groups the specific rule for Version I (each player makes his own decisions) and answer any questions the players have.

[Read the Background Information section following these Suggested Teaching Procedures.]

C. Playing the Six Versions: The specific rules for each version are given in the Group Coordinator's Instructions. The Background Information section includes additional suggestions on each version which may help you to keep the simulations running smoothly.

After each version, the group coordinators should tell you their groups' average scores. Record and display these, using either the chalkboard or a transparency made from the Master provided.

Versions III (GROUP--UNANIMOUS) and VI (GROUP--MAJORITY) require group decision-making and therefore considerable conversation. There is a distinct possibility that either of these versions, but especially Version III, will be slowed by haggling. We therefore recommend that you set time limits for these versions (15 minutes each is adequate) and announce these time limits when groups are ready to start these versions. A group that runs out of time before all members have completed their turns will forfeit some points. This fact should encourage groups to settle their differences relatively quickly.

Version V (EXPERT) is unique: Nobody in the classroom actually makes any decisions. All decisions are referred to an "expert"; in practical terms, all decisions are made according to the rules given on the Master "Expert Advice." Before the groups play Version V, you will have either to display a transparency made from this Master, to copy the rules on the chalkboard or to reproduce copies and distribute one to each group coordinator. Students must refer to these rules in order to play Version V. Version V should go quickly. If everyone understands the rules, there will be nothing to argue about.

When all six versions have been completed, collect the Group Score Sheets. Be sure to keep these, or a copy of the Class Score Sheet, for your own use during the discussion of the simulations (Lessons 10 and 11).

ASSIGNMENT:

If you play Versions I-III on the first day and Versions IV-VI on the second: Assign both the "Questions on the Simulations" and the reading, "Analyzing Allocations of Responsibility," after the second day. (You may wish to assign some questions after the first day.) You may wish to divide up the questions, e.g., ask some students to answer Question 1 about all six simulations, other students to answer Question 2, others Question 3, etc.; or ask some students to answer all five questions about Version I, some to answer all questions about Version II, some about Version III, etc. Point out that the reading is related to questions 4 and 5.

If you divide the simulations, playing Versions I-III on the first day and Versions IV-VI on the third with a day of discussion in between: After playing Versions I-III, assign only questions 1, 2 and 3 from "Questions on the Simulations." After completing the simulations, assign (1) questions 1, 2 and 3 for Versions IV-VI, (2) questions 4 and 5 for all versions, and (3) the reading, "Analyzing Allocations of Responsibility." Point out that the reading is related to questions 4 and 5.

BACKGROUND INFORMATION:

Although the rules for each version are included in the Group Coordinator's Instructions, you may find these additional suggestions helpful as your class proceeds through the six versions.

Version I (INDIVIDUAL): The individual player makes his own decisions. The problems that most often arise are these.

1. Coordinators forget that "1" on either die sets the player's total back to zero, and that "1's" on both dice end the player's turn.

2. Players do not always realize that each player gets to take all his rolls in a turn consecutively. The dice are not to be passed to the next player until ten rolls have been completed, a decision to stop short of ten rolls has been made or the player has rolled two "1's."

3. The coordinator may forget to announce the player's total after each roll.

Version II (COORDINATOR): The coordinator makes the decisions for all players. The objective is still to get the highest possible group score; the coordinator is not playing against his group. If the players object to the coordinator's decisions, however, there is no appeal; the coordinator's decisions stand. You may need to stress that this allocation of responsibility is imposed by the rules of the game; it is not your idea, the coordinators did not set it up, and the rule cannot be changed.

Version III (GROUP--UNANIMOUS): The group makes all decisions by unanimous consent. Version III and Version VI (GROUP--MAJORITY) differ from all the others in that they include voting. Version III requires a unanimous vote. There will be considerable discussion, as players try to convince others to change their votes. One player holding out against the rest of the group can deadlock the group and prevent any further rolls of the dice and, thus, accumulation of any further points. The rules prohibit ignoring deadlocks. Until a unanimous decision is made one way or the other, the group cannot record a score and go on.

You should remind the coordinators to hold the dice between rolls so that players will not be tempted to go ahead and roll before a vote has been properly completed. If there is logrolling ("I'll vote the way you want if you'll do the same for me.") you should not try to prevent it. It is a natural outgrowth of democratic processes, likely to occur in real-life situations even if there are rules against it. Logrolling will hold the group's score down if too much time is devoted to it, but this is a consequence the players will have to accept.

Version IV (AGENT): Each player appoints an agent to make his decisions for him. A player is likely to be tempted to ask for a new agent if he doesn't like the decisions his agent is making. However, the player must stick with the agent he has designated, and accept the agent's judgment even if he disagrees with it.

Version V (EXPERT): All decisions are made by the "expert." The only problem likely to arise in Version V is that students might misunderstand the "expert's" instructions. To avoid misunderstanding, you might interpret one or two of the rules for the class. For example, "After 5 rolls stop if total is greater than 30" means that the player should not roll again if his total is 31 or more.

Note: At the end of Version V, remove the "Expert Advice" from view. No players or coordinators should have access to it during Version VI.

Version VI (GROUP--MAJORITY): The group makes all decisions by majority vote. Version VI presents all the same problems as Version III (GROUP--UNANIMOUS), except that a single holdout cannot deadlock the group. Logrolling, noise and lengthy discussions can still get in the way. A time limit is advisable, and you should again remind the coordinators to hold the dice between rolls.

MASTER: INDIVIDUAL SCORE SHEET

PLAYER'S NAME _____

COORDINATOR'S NAME _____

	VERSION I		VERSION II		VERSION III		VERSION IV		VERSION V		VERSION VI	
	SCORE	TOTAL	SCORE	TOTAL	SCORE	TOTAL	SCORE	TOTAL	SCORE	TOTAL	SCORE	TOTAL
ROLL 1												
ROLL 2												
ROLL 3												
ROLL 4												
ROLL 5												
ROLL 6												
ROLL 7												
ROLL 8												
ROLL 9												
ROLL 10												
TOTAL												

MASTER: GROUP SCORE SHEET

COORDINATOR'S NAME _____

PLAYER'S NAME	PLAYER'S TOTAL SCORE BY VERSION					
	I	II	III	IV	V	VI
1. _____	___	___	___	___	___	___
2. _____	___	___	___	___	___	___
3. _____	___	___	___	___	___	___
4. _____	___	___	___	___	___	___
5. _____	___	___	___	___	___	___
6. _____	___	___	___	___	___	___
GROUP TOTAL BY VERSION	___	___	___	___	___	___
GROUP AVERAGE* BY VERSION	___	___	___	___	___	___

*DIVIDE GROUP TOTAL FOR EACH VERSION BY THE NUMBER OF PLAYERS IN YOUR GROUP.

MASTER: CLASS SCORE SHEET

	GROUP A	GROUP B	GROUP C	GROUP D	GROUP E	CLASS AVERAGE*
VERSION I						
VERSION II						
VERSION III						
VERSION IV						
VERSION V						
VERSION VI						

*ADD ALL GROUPS' SCORES FOR EACH VERSION AND DIVIDE BY NUMBER OF GROUPS.

SAVE THE COMPLETED CLASS SCORE SHEET FOR LATER ANALYSIS IN BIOMEDICAL MATHEMATICS.

MASTER: EXPERT ADVICE

THE FOLLOWING RULES FOR DECIDING WHEN TO ROLL AND WHEN TO STOP ROLLING THE DICE WERE DEVELOPED BY THE AUTHORS OF THE BIOMEDICAL MATHEMATICS COURSE. THESE RULES ARE BASED UPON LAWS OF PROBABILITY. THEY MAY NOT RESULT IN A HIGH SCORE FOR EVERY TURN. HOWEVER, IF MANY PLAYERS USED THE RULES FOR MANY TURNS, THEY WOULD HAVE HIGHER AVERAGE SCORES THAN MANY PLAYERS USING OTHER STRATEGIES FOR MANY TURNS.

AFTER 1 ROLL CONTINUE.

AFTER 2 ROLLS CONTINUE.

AFTER 3 ROLLS STOP IF TOTAL IS GREATER THAN 33.

AFTER 4 ROLLS STOP IF TOTAL IS GREATER THAN 32.

AFTER 5 ROLLS STOP IF TOTAL IS GREATER THAN 30.

AFTER 6 ROLLS STOP IF TOTAL IS GREATER THAN 28.

AFTER 7 ROLLS STOP IF TOTAL IS GREATER THAN 26.

AFTER 8 ROLLS STOP IF TOTAL IS GREATER THAN 23.

AFTER 9 ROLLS STOP IF TOTAL IS GREATER THAN 18.

LESSONS 10 and 11: IDENTIFYING ALLOCATIONS OF RESPONSIBILITY

SYNOPSIS:

In these two lessons students discuss their responses to the dice-game simulations and apply the concepts of obligation and accountability in discussion of real situations.

OBJECTIVES:

Same as the objectives of Lessons 8 and 9.

SUPPLIES:

Completed Class Score Sheet (for use in class)

STUDENT TEXT:

Questions on the Simulations (for class discussion)

Analyzing Allocations of Responsibility (backgruound for questions 4 and 5)

SUGGESTED TEACHING PROCEDURES:

[Read "Questions on the Simulations" and the Background Information section following these Suggested Teaching Procedures.]

Note: Parts A through E below describe five different discussion topics that you can use to relate the dice-game simulations to the students' experience and knowledge of the real world. You may wish to omit some or to discuss the same topics in a different order. Note that Part A relates to students' personal responses to the simulations, Part B to their own experiences outside the classroom, Part C to group situations in cultures they studied in Unit II and Part D to health-care delivery situations. Part E calls for analysis of allocations of obligation and accountability in the simulations themselves. Part E is essential to the usefulness of these simulations as preparation for the lessons on government which follow.

These Suggested Teaching Procedures only outline the questions; they do not indicate any of the ranges of responses you might expect or any of the conceptual difficulties you may encounter during the discussion. The Background Information section supplies these kinds of information in six sections, one relating to each version.

A. Students' Responses to the Simulations: Ask which versions of the dice game students liked and which they didn't like. Since one possible basis for preference is the difference between scores obtained in the different versions, you should display the completed Class Score Sheet during this part of the discussion.

Having opened the discussion with the question of preferences, you can ask students to identify reasons for their preferences. These reasons can serve as a basis for comparing several important features of the allocations of responsibility simulated in the game. A student may like or dislike a particular version because it gives him too much or too little responsibility in the making of a decision that affects both himself and others.

B. Allocations of Responsibility in the Students' Experience: Question 1 in "Questions about the Simulations" asks students to identify group situations they have participated in, in which the allocations of responsibility are similar to those simulated in the dice game. You might ask for students' responses in relation to one version at a time, so as to avoid confusion. Encourage discussion of governmental processes (on any level, including student government) that students are involved in, as groundwork for the next sequence of lessons.

C. Allocations of Responsibility in Other Cultures: Question 2 asks students to identify group situations in the cultures they studied in Unit II, in which the allocations of responsibility are similar to those simulated in the game. You might reconvene the groups that worked together in Unit II and ask each group to come up with examples from its culture or cultures. You might ask, in addition, that each group attempt to characterize the culture(s) it studied according to the allocations of responsibility that are most pervasive. (This might be difficult or impossible to do, but by thinking about the problem, students will be constrained to think about all the group decision-making processes they know about in the cultures they have studied.)

In preparation for the following lessons on government, it would be worthwhile to spend some time discussing the use (or lack of it) of majority rule in the cultures studied in Unit II. One of the important points of the lessons on government will be that majority rule is not "natural" with people, but must be learned. In the present discussion, if students detect a lack of majority rule in some of the cultures studied in Unit II, you might ask them to speculate about why majority rule is not used in all societies to the same extent it is used in American society. The key to the answer is enculturation: where majoritarian values are not inculcated from childhood, majority rule does not work.

D. Allocations of Responsibility in Health-Care Delivery Situations: Question 3 asks students to identify health-care delivery situations they know about in which the allocations of responsibiiity are similar to those simulated in the dice game. A student who has done volunteer work (or any other kind of work) in health-care delivery situations may be better qualified than others to talk about this topic. Others should be encouraged to think about who they thought was supposed to be making the decisions (obligation) and who they thought would be in trouble if something went wrong (accountability) in situations in which they have been patients or clients. The obligations and accountability of medical experts is a ripe topic after the students have played Version V.

[Read "Analyzing Allocations of Responsibility."]

E. Allocations of Responsibility in the Dice Game: Questions 4 and 5 ask students to describe the allocation of obligation and the allocation of accountability in each of the six versions of the dice game. Discussion of these questions will help to expand students' notions of obligation and accountability. Note that it is not always the case that the person or persons obligated to perform an act are the same as the person or persons accountable for the outcome. In Version IV (AGENT) and in Version VI (GROUP--MAJORITY) the accountability and the obligation are not necessarily allocated to the same persons. These two versions simulate allocations of responsibility which are essential to a republican form of government, in which the citizens decide by majority vote who will be their agents in government. The allocations of responsibility in these two versions therefore deserve careful discussion in preparation for the following lessons on government.

ASSIGNMENT:

This assignment and the next lesson are in preparation for Lessons 16 and 17, in which groups of students will discuss current issues in terms of concepts introduced in the Student Text. In the present assignment students will identify issues that they might study. In the next lesson you should allot issues among groups of students. Between now and Lesson 16 students will gather information on the assigned issues. In Lessons 16 and 17 students will read about the concepts related to their particular issues, and groups of students will prepare and present descriptions of their issues in terms of the concepts they have read about.

The concepts are introduced in a series of seven readings, beginning with "Value Principles in the Constitution." The concepts introduced in these readings are useful for analyzing issues that (1) have to do with government on any level and (2) are essentially questions about how things should be done in American society, as opposed to questions about foreign policy. Of course, many foreign-policy issues involve heated debate over domestic questions, such as how the authority to direct foreign policy should be divided between the Executive and the Congress. An issue of this kind would be suitable for discussion in Lessons 16 and 17, with the emphasis on the domestic rather than the international aspect of the issue.

Note that many domestic, government-related issues are also health issues. Students should keep an eye out for current issues that will involve them in thinking about the relationship between government (at any level) and health care. Issues related to the rights of citizens (government health insurance, abortion, euthanasia, etc.) or to the extent of governmental involvement in health care, are particularly appropriate. Note also that many environmental issues are directly or indirectly related to health.

In preparation for the next lesson, ask each student to identify one or more current, domestic, government-related issues, using newspapers, magazines, radio and television as sources. (Library files of recent newspapers and magazines may be helpful.) In this assignment the student should not be expected to produce a complete account of any issue, but should identify the parties in conflict and the question that appears to be at issue.

Note: A Master entitled "Concepts and Issue Areas" is included for use with Lessons 16 and 17. If you want to give students an assignment more narrowly defined than "Identify one or more current, domestic, government-related issues," you might look at that Master. It lists the concepts introduced in each of the seven readings mentioned above, and also several "issue areas" appropriate to the concepts in the readings.

BACKGROUND INFORMATION:

Version I (INDIVIDUAL): Each player makes his own decision after each roll of the dice. The player rolling the dice is solely obligated to make the decision, and he is also solely accountable to the group for the outcome of his decision. A student may like Version I because he likes making his own decisions; he may dislike it because he would prefer to share responsibility for a decision that affects not only himself, but also others.

Version I simulates any of those situations in daily life in which a person makes his own decision (which affects others) and there is nobody but himself to blame for a wrong decision. In relation to health care, Version I simulates the normal situation of most adults in this country: They are responsible to look after themselves and to seek help or advice when they think they might need it. Their decisions affect others (family members and anyone else who depends on the individual's staying healthy or who might have to pay if he gets sick).

Version II (COORDINATOR): The rules of the game designate the group coordinator as the maker of all decisions for the group. The group coordinator is solely obligated to make all decisions, and solely accountable to the group for the outcome of the decisions. Accountability is not shared by members of the group because they did not choose the group coordinator. Students' reasons for liking or disliking Version II would be approximately the opposites of those in Version I. A student might like Version II because it takes all responsibility off his shoulders and he feels relieved. A student might dislike Version II because it gives him nothing to say about decisions that affect him.

There are several real-life situations in which the "rules of the game"--in the form of law or of custom--determine who shall be responsible for making decisions and performing other actions that affect us, and many of these situations are health-care delivery situations. Law stipulates that only an MD may make certain decisions about, and do certain things to, our bodies; that only a pharmacist may concoct and sell certain substances; that only a certificated teacher may instruct children in a public school; that only an attorney may represent others in certain court actions; that only a judge may declare us guilty of a crime and impose a sentence. Similarly, tradition dictates that only our parents may make certain decisions (including medical decisions) for us, or do certain things to us when we are small. Law sometimes takes over for tradition, as when it stipulates that teachers may or may not administer corporal punishment under certain conditions, or that parents may have their child removed from them if they maltreat the child in certain ways.

Version III (GROUP--UNANIMOUS): Every decision is made by unanimous consent of the whole group. In this situation, every member is obligated to decide and every member is accountable for the decision. A student may like Version III because it gives all players an equal share of the responsibility for all decisions, no matter who is rolling the dice; this seems fair since every decision affects the whole group. A student may dislike Version III, however, because it is so difficult to obtain unanimous agreement, even among so few people and over such an unimportant matter. Complete fairness and complete inefficiency are the hallmarks of "ideal" or "town meeting" democracy, which Version III simulates. This kind of decision-making is not common in our political system, but it has been required in criminal trials, in which the jury's failure to reach consensus results in a "hung jury" and the trial must be held again. Outside of governmental processes, consensus decision-making is common in groups of people who must for one reason or another work together on something, and who therefore desire to reach unanimous agreement on what they are doing and why before they attempt to do it.

Version IV (AGENT): The player rolling the dice delegates the responsibility for his decisions to another person--his agent, or representative. The agent is solely obligated to make the decisions. However, the agent is not solely accountable for the outcome of the decisions. The group may hold the player rolling the dice accountable for choosing a poor agent. Thus, obligation to make decisions rests solely in the agent, but accountability to the group for the outcome of the decisions is shared between the agent and the player who delegated him. (This fact would be more clear if the player had the right to recall his agent and replace him with another agent.) A student may like Version IV because he likes having another person carry the burden of making his decisions for him, as long as he has something to say about who that person

will be. A student might dislike Version IV because he prefers making his own decisions or thinks he ought to be able to replace his agent if he doesn't like the way his agent is acting.

A similar situation occurs in real life when a person chooses a lawyer or doctor to make decisions for him. A majority vote (see Version VI [GROUP--MAJORITY], below) is a special case of this kind of situation; each member designates the majority of the group as his agent each time the group votes. The electing of a person to a position in government is also a special case of this situation; the person elected is the agent of his constituents.

Note: Voting and delegating are two separate processes which we easily confuse because they are so often used together in our system of government. In an ordinary American election, the process of voting results in the selection of a particular person; he does not become the agent of his constituents until he is sworn in and promises to act as their agent. If this point confuses students, you might illustrate with examples. It is possible for a person to become an agent for a large group of people without being elected; he could be appointed, as in the case of a person appointed by a state governor to fill an unexpired term in the United States Senate, where he acts as an agent of the people of the state, just as an elected Senator does. Conversely, it is possible for people to vote without delegating anything, as when the people of a state vote to add a provision to their state constitution.

LESSON 12: IDENTIFYING CURRENT DOMESTIC ISSUES

SYNOPSIS:

In this lesson students identify current domestic issues and are assigned to gather further information on certain issues in preparation for a later sequence of lessons.

OBJECTIVES:

The student will:

- identify a government-related domestic issue that is of interest to him and has comtemporary applications.
- indicate the steps he intends to pursue in investigating that issue.

STUDENT TEXT:

(All items listed are homework readings in preparation for Lesson 13.)

A Fable

The Constitution of the Student Union

A Fable, Continued

ADVANCE PREPARATION:

Before you teach Lesson 12 you should have given some thought to the kinds of issues you would like your students to concentrate on. From your own knowledge of current events you should be able to identify a half-dozen or so issues that you believe will be most useful. Then, during Lesson 12, you and the class can narrow down the list of issues. We recommend that you put a group of three or more students to work on each issue the class selects.

It is possible to cover most or all of the concepts introduced in the readings with as few as three or four specific issues. The information in the three numbered paragraphs below is intended to help you spot the most useful issue areas for students to work in. Note: A Background Information section following the Suggested Teaching Procedures for Lessons 16 and 17 illustrates the actual application of concepts to some hypothetical issues. You may wish to refer to that section now, or to the seven readings beginning with "Value Principles in the Constitution," or to both.

1. Minority Politics: Any issue that involves the civil rights of an ethnic, racial, religious or other minority group in American society can be used to illustrate

the application of concepts from three readings: "The States and the Union," "Rights and Obligations" and "Minorities and Majorities."

2. Civil Liberties: Any issue that involves freedom of speech, press, assembly or petition can be used with concepts from three readings: "Power, Authority and Legitimacy," "Rights and Obligations" and "Political Freedom."

3. States' Rights: Any issue which involves a conflict over the boundary between the authority of the federal government and the authority of a state government, and which includes the effort of a federal court to change the way a state government is doing something (as many such issues do), can be used with concepts from three readings: "The States and the Union," "Separation of Powers" and "Rights and Obligations."

SUGGESTED TEACHING PROCEDURES:

There are three things to be accomplished during this lesson.

A. Find out what issues the students have identified. Get a list on the board. Eliminate issues that would involve students in more discussion of foreign policy than you think they are prepared for, and any other issues that you think will turn out to be too complicated. Add any issues which you have identified as important and useful, but which the students have missed.

B. Assign groups of students to particular issues. Students should know that between now and Lesson 16 they will be working individually, collecting information on the issues assigned to them, and that in Lessons 16 and 17 they will be able to work in groups on the task of analyzing the issues.

C. See that each student is able to define his or her issue narrowly enough to make it useful. Students should be aware, for example, that "civil rights" (or any other of the "issue areas" listed on the Master in Lessons 16 and 17) is not itself an issue. What should be done to prevent or to correct a particular violation of a particular civil right of a particular citizen or group of citizens is an issue in the area of civil rights. Whether some condition (such as adequate health care) is a civil right is also an issue in some cases.

ASSIGNMENT:

A. Preparation for Lessons 16 and 17: Between now and Lesson 16, each student should be on the lookout for information on the assigned issue, using newspapers, magazines, radio and television as resources. The student should look for information about who the parties to the controversy are, what the parties say should be done, and what arguments (facts and value statements) the parties use to support their positions.

If possible, students should gather materials that they can bring to class for Lessons 16 and 17. Otherwise, they should take notes and be prepared to bring them to class for those lessons.

B. Preparation for Lesson 13:

[Read "A Fable," "The Constitution of the Student Union" and "A Fable, Continued."]

In preparation for the next lesson, ask students to read "A Fable," "The Constitution of the Student Union" and "A Fable, Continued," in the Student Text.

Note: These readings and the discussion in Lesson 13 are designed as a simplified introduction to the Constitution of the United States. In Lessons 14 and 15 students will investigate the allocation of responsibility among government officers under the Constitution, and in Lessons 16 and 17 they will investigate other concepts related to the Constitution through their discussion of current domestic issues. If you think your class can approach the Constitution successfully without the aid of a simplified introduction, you can omit this assignment and Lesson 13, and instead give the assignment suggested at the end of Lesson 13.

Note also that this is a lengthy reading assignment. If you decide to use this assignment and Lesson 13, you may wish to take more than one class session. If so, you may want to give only part of this assignment in preparation for the first session.

LESSON 13: A MODEL OF THE CONSTITUTION

SYNPOSIS:

In this lesson students identify correspondences between a story in a high-school setting, and the historical process that produced the Constitution of the United States. They then suggest changes in the story which would make it a more accurate model of the history of the period 1775-1791.

OBJECTIVES:

The student will:

- correctly identify historical names, dates, documents and events as required by the instructor.
- describe the deliberative (thinking, talking and deciding) processes that produced the Constitution of the United States.
- identify specific changes that will result in an improved model of the deliberative processes that produced the Constitution of the United States.

SUPPLIES:

U.S. history textbooks covering the period 1775-1791

STUDENT TEXT:

"A Fable" and the Real Story (for use in class)

Questions on the Constitution of the United States (homework for Lessons 14 and 15)

The Constitution of the United States (homework for Lessons 14 and 15)

SUGGESTED TEACHING PROCEDURES:

Note: These suggestions include more ideas than you will be able to use in one class session. We recommend that you choose from among the suggested procedures, supplemented by your own ideas, as many activities as you think will be necessary to prepare your class for the more detailed study of the Constitution in Lessons 14 and 15.

[Read "'A Fable' and the Real Story."]

A. Identifying the Real Actors, Documents and Events: Refer students to "'A Fable' and the Real Story," in the Student Text. The first thing this reading asks students to do is to identify the real actors, documents and events that correspond to those in "A Fable," referring to U.S. history texts as necessary. Ask students to identify the individuals, groups, documents and events corresponding to those listed in the reading. In the order listed in the reading, these are:

1. the King of England
2. the British Parliament
3. the thirteen original states (New Hampshire, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, North Carolina, South Carolina and Georgia)
4. the Declaration of Independence (adopted July 2, 1776)
5. the legislatures of the thirteen states
6. the Continental Congress
7. the Articles of Confederation (ratified March 1, 1781)
8. the Revolutionary War
9. the Constitutional Convention (May 25 to September 17, 1787)

10. the Constitution of the United States (effective March 4, 1789)

11. The Bill of Rights (ratified December 15, 1791)

B. Further Questions on the Historical Period: Below are some questions that cannot be easily answered without reference to history texts. The Constitution and the Declaration of Independence, both of which appear in the Student Text (the latter as an appendix), will also be useful. The questions are general, as are the answers suggested below. Questions about provisions in the Constitution will receive further study in Lessons 14 and 15.

1. What were the Americans' complaints against the King? (These are detailed in 28 short paragraphs in the Declaration of Independence. Students might benefit from translating parts of the Declaration into colloquial English.)

2. What provisions in the Constitution, including the Bill of Rights, were designed to prevent similar abuses by the new American government? (These include the guarantee of a republican form of government to each state, the requirement that all federal laws originate in the federal legislature [i.e., Congress], the recognition of state courts, the establishment of civilian authority superior to the military, the restrictions on quartering troops in citizen's houses, the requirement that all federal tax bills originate in the Congress [specifically in the House], the guarantee of trial by jury, the guarantee of the right to petition for redress of grievances and the power of Congress to impeach and remove federal officials from office.)

3. What were the failures of the Articles of Confederation? (Their major failures were that they did not allow the central government to raise money by taxation, they required a two-thirds majority of state delegations in the Congress to get anything done, they did not establish a central executive or judiciary, and they could not be amended without unanimous consent of the states. Probably the most important failures were the lack of a tax-raising power [which made it difficult to get together much of an army] and the practical impossibility of amending the Articles.)

4. What provisions in the Constitution were designed to prevent similar failures in the new American government? (The Constitution gave the federal government the power to raise taxes, allowed Congress to pass laws by a simple majority in both houses, established permanent executive and judiciary branches, reduced the requirement for amending to a three-fourths majority of the states and made the Constitution and federal laws superior to the laws of the states.)

5. In what way was the action of the Constitutional Convention illegal under the Articles of Confederation? (Congress did not give the Convention authority to write a Constitution. Under the Articles, the Constitution was a very long amendment to the Articles, and it would have had to be ratified by all 13 states; the Constitution declared itself to be in effect upon ratification by only nine states.)

6. How did the Constitution become legal? (Nobody chose to go to war to save the Articles of Confederation.)

7. Why were the states given equal representation in one house of Congress? (To give the less populous states of the Union an arena in which they could successfully avoid being railroaded by the more populous states.)

8. Why were the states given proportional representation in the other house of Congress? (To give the more populous states of the Union an arena in which they could successfully avoid being railroaded by the less populous states.)

9. Why were the legislative, executive and judicial functions of government divided up among three separate branches of government, as opposed to being concentrated in a parliament in which one house serves the judicial function and the leadership of the other house serves the executive function? (The separation of powers was considered necessary to prevent collusion among officers of government to deny the authority of the states or the rights of the citizens.)

C. Improving the Model: The reading "'A Fable' and the Real Story" asks that students suggest improvements in the model presented in "A Fable." The story could, of course, be expanded and made more detailed in several ways. One inherent shortcoming of the model is that it does not include the great economic pressures that pushed the colonies into the Revolution and, later, pushed the Confederation into a Union. Another shortcoming is that the model does not include such things as armed rebellion, war and

the exercise of police powers. The model was designed purposely to exclude both the economic and the military aspects of the Revolution, so as to focus attention on the deliberative processes by which governments are designed.

Students may suggest that the story would be a more faithful representation of reality if it were described as a rebellion against teachers or administrators, rather than a rebellion against other students. The observation is well founded; the relationship of the Kind of England to the American colonists before the Revolution was indeed more like that of a faculty or administration to students than like that of a student government to students.

The story could also be considerably improved, as a model, by the inclusion of descriptions of the activities of the thirteen student groups. These activities could be described in such ways as to make some groups clearly analogous to some of the thirteen original states in terms of economic and financial affairs. These analogies were left out of "A Fable" because they would have made it too long.

ASSIGNMENT:

[Read "Questions on the Constitution of the United States."]

In preparation for Lessons 14 and 15, assign some or all of the "Questions on the Constitution of the United States," in the Student Text. (The Constitution itself follows the questions.) Note that both Question 1 and Question 2 are divided into five parts (a through e). You might divide the class into fifths and assign one part of both questions (e.g., Question 1, Part a, and Question 2, Part a) to each group. The remaining five questions might also be distributed among the five groups. Since two lessons are allotted to discussion of these questions, you can assign some of the questions now and some after Lesson 14.

LESSONS 14 AND 15: ALLOCATION OF RESPONSIBILITY IN THE CONSTITUTION

SYNOPSIS:

In these two lessons students discuss their answers to "Questions on the Constitution of the United States."

OBJECTIVES:

The student will:

- give two reasons for the original Constitution's provision of different ways of choosing four different kinds of officers of the federal government.
- describe the process by which an officer of the federal government may be impeached, tried, convicted and removed from office.
- describe the procedures by which the Constitution of the United States may be amended.

SUPPLIES:

(All three masters may be made into transparencies or reproduced and distributed.)

Master: Figure 1: How the Voters Choose Officers of the Federal Government (Original System)

Master: Figure 2: How the boters Hold Officers of the Federal Government Accountable (Original System)

Master: Figure 3: How the Voters Choose Legislative and Executive Officers of the Federal Government (Present System: One Possibility)

STUDENT TEXT:

Questions on the Constitution of the United States (for use in class)

The Constitution of the United States (for use in class)

Value Principles in the Constitution (homework reading in preparation for Lessons 16 and 17)

SUGGESTED TEACHING PROCEDURES:

[Read the three masters and review the Constitution, including amendments.]

A. Original Allocation of Responsibility: Questions 1 and 2 in "Questions on the Constitution of the United States" ask students to consider the original allocation of responsibility among members of the House and Senate, the President, the Vice President and the justices of the Supreme Court. There are two points that students should discover during discussion of these questions, one in relation to selection and one in relation to accountability.

1. Selection of Officers: Under the original provisions of Articles I and II, all the officers named above are chosen for their offices by the voters of the several states, but some are chosen directly and the rest indirectly. The channels through which officers are chosen indirectly are described diagrammatically in Figure 1. The officers, in order of decreasing closeness to the voters, are: Representative, Senator, President, Vice President, Justice of the Supreme Court. The authors of the Constitution divided up the selection process in this way mainly for two reasons.

a. Preventing Conspiracy among Branches of Government: The provision of different methods for selecting the various kinds of officers would help to ensure that the several departments of the government could not conspire to use their powers in ways that the people did not intend. The Electoral College, specifically, was designed to ensure that no permanent body (with permanent interests that might be adverse to those of the people--such as state legislatures or either House of Congress--would be in a position to choose a President who would serve their own interests rather than the interests of the people.

b. Filtering the Will of the People: The provision of several stages in the selection process for the most powerful offices would help to ensure that momentary passions which happened to move the people would not make the whole government dangerously unstable. Under the original plan of the Constitution only the House of Representatives was subject to the direct, unfiltered will of the voters of the several states, and that only once in two years. The Supreme Court, which because of its judicial function must be the most independent branch of the government, is the furthest removed from the voters; at a minimum, the state legislatures, the Electoral College, the President and the Senate all intervene between the will of the voters and the selection of a Justice of the Supreme Court.

2. Accountability: Under the impeachment provisions of Article I, all the officers mentioned above are accountable to the Congress, which in turn is accountable to the voters and to the state legislatures. The impeachment provision was designed to ensure that no officer could remain in office who had seriously offended the elected representatives of the people (in the House) and of the states (in the Senate). (The exact nature of the offenses deserving of impeachment is not clear from the Constitution, but precedents in the cases of the impeachment of President Andrew Johnson and the near-impeachment of President Richard Nixon indicate that officers may be impeached for actions--or inactions--which threaten Constitutional government, even though no major law has been violated.) Figure 2 shows the channels through which the voters indirectly hold the officers accountable.

B. Changes in Methods of Selecting Officers: Questions 3 and 4 refer to amendments to the Constitution which have changed the ways in which Senators, the President and the Vice President are chosen. All these amendments together leave Figure 1 and Figure 2 essentially intact except that they remove the state legislatures from the picture. The Senate is now directly chosen by the voters, as are members of the Electoral College. (However, state legislatures still determine the way in which Presidential electors are chosen, and electors are chosen in different ways in different states. For example, in some states the names of electors appear on the ballot, and in other states only the names of the Presidential and Vice-Presidential candidates appear. In the latter case, a voter who puts an X beside the name of a candidate is actually voting for a slate of electors who are pledged to vote for that candidate in the Electoral College.)

The 25th Amendment makes several changes in the emergency provisions for filling the office of the Presidency. The original Constitution (Article II, Section 1, Clause 5) said that in case of a vacancy in the office "the powers and duties of [the

Presidency]...shall devolve on the Vice President, and the Congress may by law provide" emergency provisions beyond that. Congress had long since established a line of succession to the Presidency passing through the leadership of both houses of Congress and then through the Cabinet, beginning with the Secretary of State. But the emergency provisions were unsatisfactory for four reasons, listed here and then expanded on below. (1) The Constitution does not actually say that the successors to the office become President, only that the powers and duties of the office devolve on them. (2) There was no provision for filling the Vice Presidency between elections in case there should be a vacancy in that office. (3) It was not possible for the President temporarily to hand over the powers and duties of the office in case he judged himself temporarily unable to discharge them but did not want to resign. (4) It was not possible for the President to be replaced if he was alive but disabled to such a degree that he could not speak or write, and therefore could not resign.

1. Section 1: This Section of the 25th Amendment says that in case of a vacancy in the Presidency "the Vice President shall become President."

2. Section 2: This Section provides for the President to appoint a Vice President, with the approval of both houses of Congress, in case there is a vacancy in that office. This Section was designed to cover the situation in which the President has left office before the expiration of his term and the Vice President has become President, thus leaving the Vice Presidency vacant. However, it was first used in the unforeseen case of a Vice President who resigned from office, Spiro T. Agnew.

3. Section 3: This Section provides for the President to remove himself from office temporarily by simply informing the leadership of the Congress that he is unable to perform his duties. The Vice President becomes Acting President--a new office which, at this writing, is yet untried--until the President informs the leaders of Congress that he is ready to go back to work.

4. Section 4: This rather complex Section opens up several new possibilities. One is that, after the President has temporarily removed himself from office, he can be prevented from resuming the office. Another is that he can be removed from office, against his will, without being impeached, tried and convicted. The intent of the Section, however, was to provide for the replacement of the President by the Vice President (as Acting President) in case the President is so severely disabled that he is not able to resign or to declare himself unable to perform his duties. The need for such a provision was most recently brought to the attention of the public when President Dwight Eisenhower was temporarily incapacitated by a heart attack. As long as he was alive but unable to function there was, to all intents and purposes, no President of the United States.

What all these provisions do to the processes shown in Figure 1 is actually very little, except in highly unusual circumstances. Section 4 of the 25th Amendment inserts between the President and the Vice President "a majority of either the principal officers of the executive department [i.e., the Cabinet] or of such other body as Congress may by law provide." (Congress has not, at this writing, provided another body for this purpose.) This group, together with the Vice President, can declare the President unable to perform his duties and replace him with the Vice President (as Acting President). With the approval of two-thirds of both houses of Congress, it can also prevent the President from resuming his office even if the President declares that he is no longer disabled. At this writing, this Section of the Amendment has not been used. It would not change the selection of the person who takes over the President (it would still be the Vice President), but it would change the circumstances under which he could take over.

The Electoral College remains intact. It is still possible that no candidate will receive a majority in the Electoral College and that the election will thus be thrown into the House of Representatives.

Section 2 of the Amendment has been used, and its use produced for the first time in the nation's history a President (Gerald Ford) and Vice President (Nelson Rockefeller) neither of whom was chosen through the Electoral College procedure. Figure 3 represents the processes through which this took place following the resignations of the elected Vice President (Spiro T. Agnew) and the elected President (Richard Nixon). In this figure it is clear that the people can now choose a President and Vice President in a much less direct manner than before. The third Vice President (Rockefeller) was selected by the second President (Ford), who was selected by the first President (Nixon), who was elected. The Congress confirmed the selection of both the second Vice President (Ford, who became the second President) and the third Vice President (Rockefeller).

The Congress, unlike the Electoral College, is a body that generally thinks for itself and has enduring interests of its own; it is not a foregone conclusion that the Congress will rubber-stamp the President's selection of a new Vice President.

C. Expansion of the Franchise: Question 5 refers to the amendments which have extended the franchise in federal elections to racial minorities, to former slaves, to women and to people aged 18, 19 and 20. Under these amendments, a member of the House is chosen by, and is accountable to, a much larger proportion of the people he or she speaks for in the Congress. (The same is of course true of a Senator and, through the Electoral College, of a President or Vice President.) These amendments do not tie the officers of government more closely to the people, but instead tie them to more of the people.

D. Amending the Constitution: Question 6 refers to the process whereby the Constitution is amended. The question asks whether it is necessary for the voters to be involved directly in the amending process (it is not); and whether it is possible for the voters to initiate an amendment (it is possible, but it would not be easy). The amending process is one of the sturdier "filters" that the Constitution places between the people and their government. The complex process required to amend the Constitution helps to ensure that the Constitution will not be changed frivolously--that no change will occur unless there is sufficient opinion (and money) behind it to move large numbers of politicians to the same position on an issue.

ASSIGNMENT:

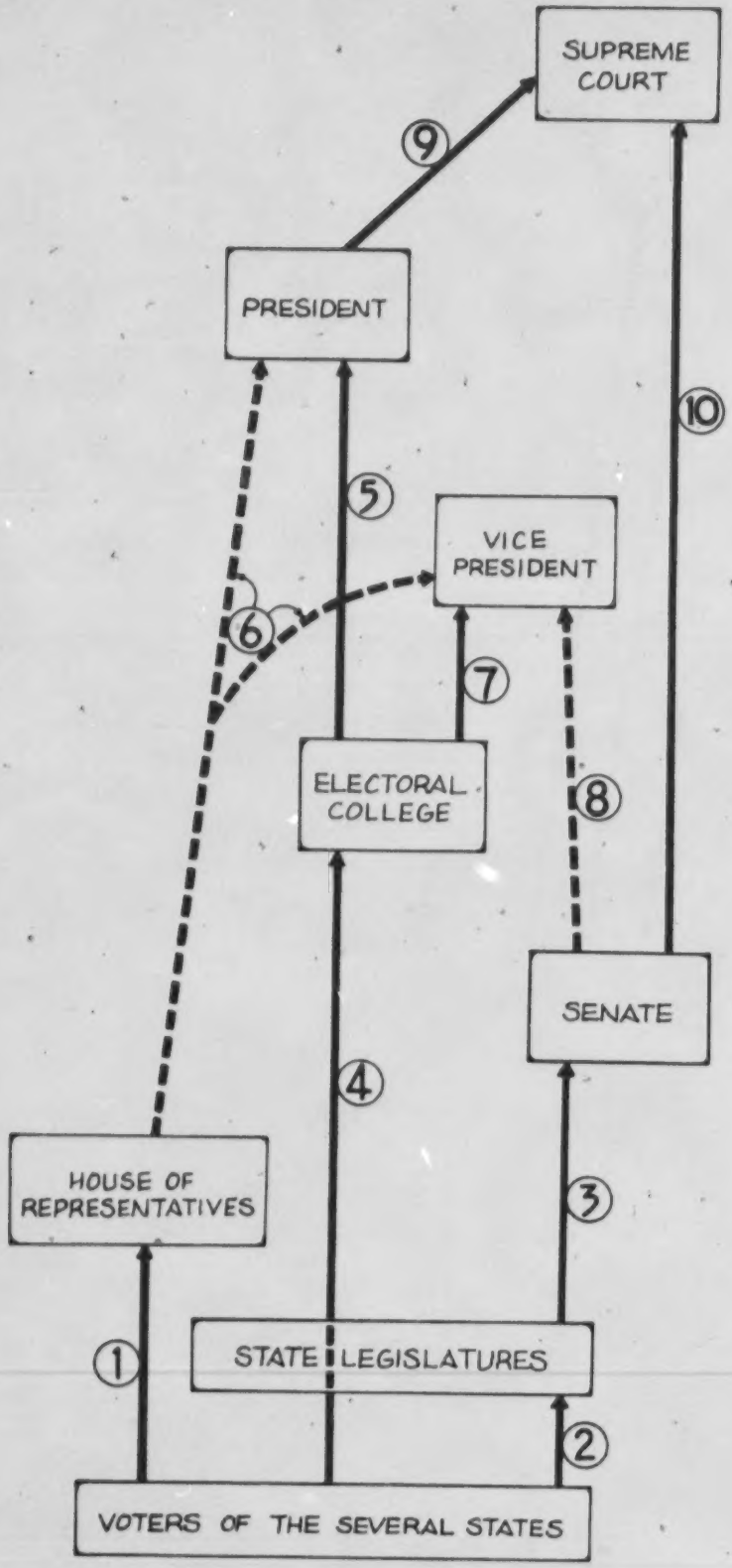
[Read "Value Principles in the Constitution."]

In the next two lessons students will discuss and write about current domestic political issues in relation to several concepts introduced in readings in the Student Text.

In preparation for Lesson 16, assign the reading, "Value Principles in the Constitution," in the Student Text. This reading introduces concepts that underlie those included in the six readings that follow it.

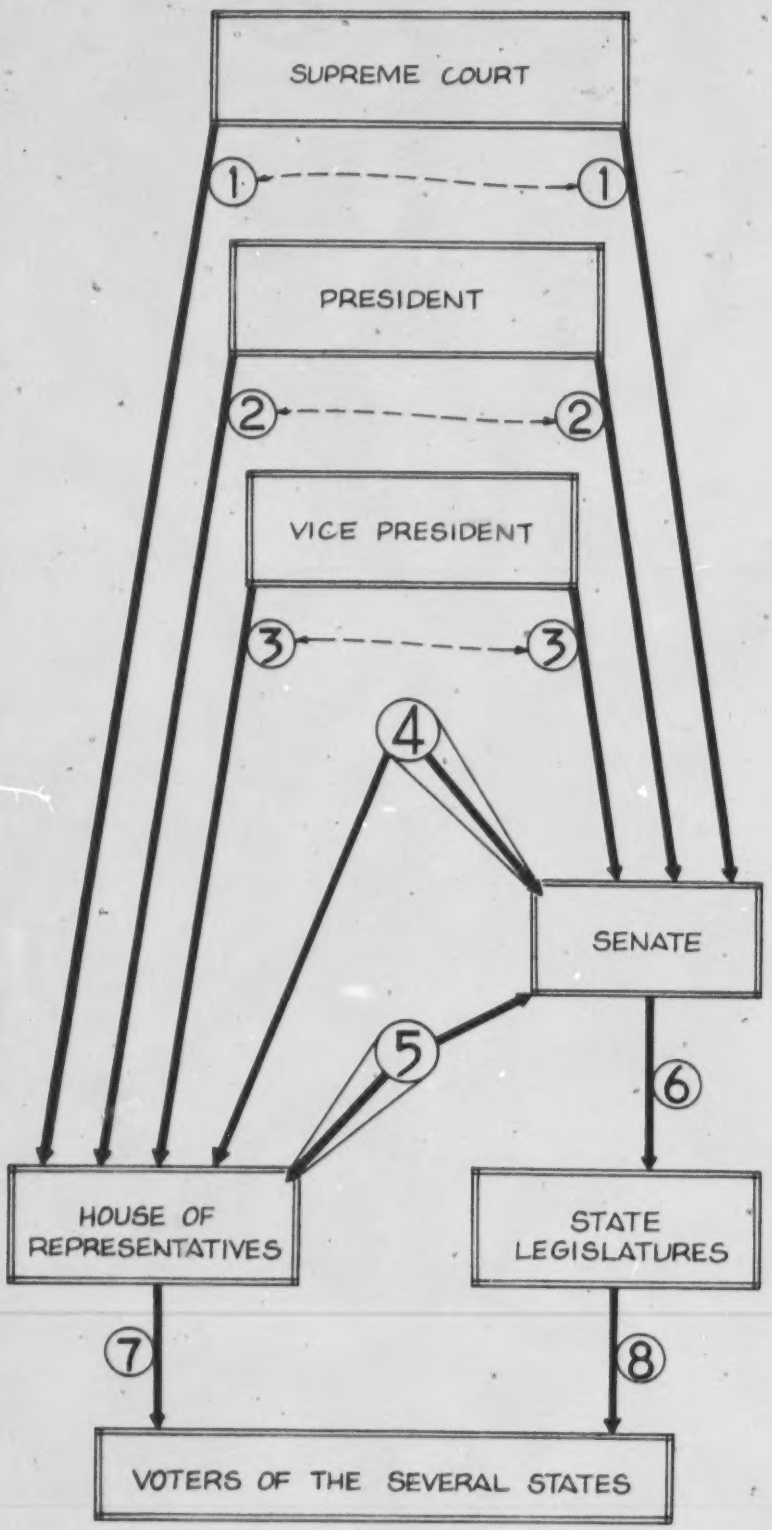
Ask students to bring to the next class meeting all materials and notes they have accumulated for the study of current issues.

Figure 1 : How the Voters choose Officers of the Federal Government (Original System)



1. Voters choose House of Representatives.
2. Voters choose state legislatures.
3. State legislatures choose Senate.
4. Voters choose Electoral College in manner directed by state legislatures.
5. Electoral College chooses President.
6. House chooses President if no candidate wins in Electoral College; next-highest vote-getter becomes Vice President.
7. Electoral College chooses Vice President.
8. Senate chooses Vice President in case of a tie in Electoral College.
9. President appoints Supreme Court justices.
10. Senate confirms Supreme Court justices.

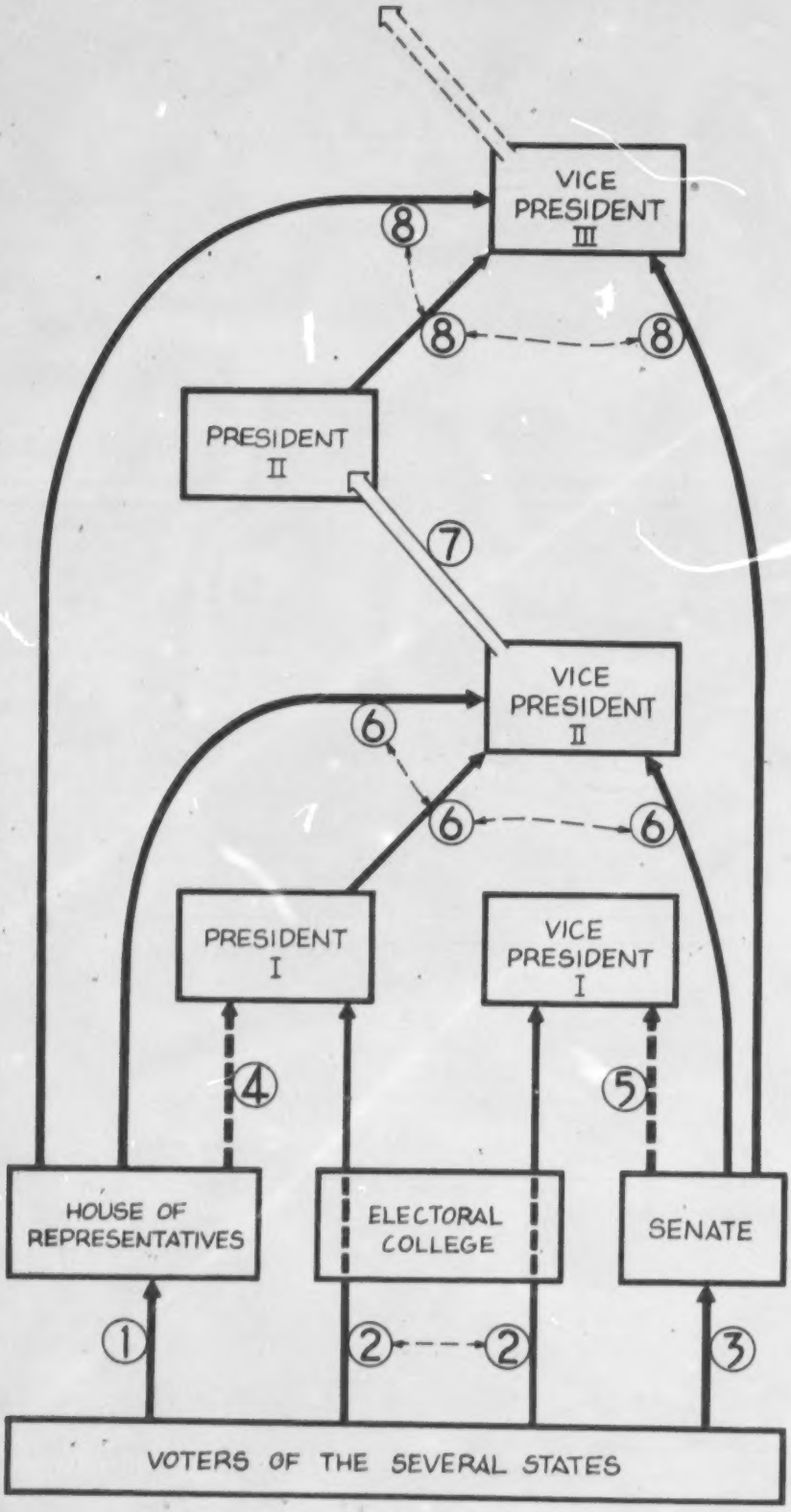
Figure 2 : How the Voters Hold Officers of the Federal Government Accountable (Original System)



1. Supreme Court justices subject to impeachment in House and trial in Senate.
2. President subject to impeachment and trial.
3. Vice President subject to impeachment and trial.
4. Senator subject to expulsion by Senate, and to impeachment and trial.
5. Representative subject to expulsion by House, and to impeachment and trial.
6. Senate subject to re-election by state legislatures.
7. House subject to re-election by voters.
8. State legislatures subject to re-election by voters.

Note: President and Vice President subject to re-election through the processes shown in Figure 1, arrows ① - ⑧.

Figure 3 : How the Voters choose Legislative and Executive Officers of the Federal Government (Present System : One Possibility)



1. Voters choose House of Representatives.
2. Electoral College rubber-stamps voters' choices for President I and Vice President I.
3. Voters choose Senate.
4. House chooses President I if no majority in Electoral College.
5. Senate chooses Vice President I if no majority in Electoral College.
6. (Vice President I out of office) President I nominates Vice President II, and House and Senate confirm.
7. (President I out of office) Vice President II becomes President II.
8. (Vice President II having become President II) President II nominates Vice President III, and House and Senate confirm.

LESSONS 16 AND 17: CURRENT ISSUES AND THE CONSTITUTION

SYNOPSIS:

In these two lessons students read about some concepts that relate current domestic issues to the Constitution, and they discuss and write about the issues in terms of the concepts.

OBJECTIVES:

The student will:

- identify specific applications of concepts to the issue he has investigated.
- demonstrate his understanding of the concepts by employing them in written and/or oral discussion of current issues.

SUPPLIES:

Master: Concepts and Issue Areas (copy on board, make a transparency or reproduce and distribute copies for use in class)

STUDENT TEXT:

(All items listed are either for use in class or for homework reading.)

Value Principles in the Constitution

The States and the Union

The Separation of Powers

Power, Authority and Legitimacy

Rights and Obligations

Political Freedom

Minorities and Majorities

SUGGESTED TEACHING PROCEDURES:

[Read any items listed under "Student Text" above which you have not already read. Note: No student will be required to read all of the readings. Also read the Background Information section following these Suggested Teaching Procedures, and review the Master.]

A. Selecting Readings Appropriate to the Issues: The instructional objective for the first day of this sequence is to see that each student reads the readings appropriate to the issue he or she has gathered information on, and that the student perceives a relationship between the issue and the concepts introduced in the readings.

You might begin by having the students meet in groups, each group comprising all the students who have been gathering information on a single issue. Display (or distribute) "Concepts and Issue Areas," and ask each group to identify the readings appropriate to its issue. During this meeting students in each group might begin sharing the information they have gathered, but should concentrate on identifying the readings appropriate to their task. You should check each group's list of chosen readings to ensure that all the useful ones are included.

B. Reading: Each student should read all the readings assigned. This can be done in class or as a homework assignment.

C. Group Discussion of Concepts: Each group should meet and discuss the relationship between its issue and its assigned readings. During this meeting students in each group should assemble a list of facts: who disagrees over the issue, what they disagree over and what arguments they use. The group should then begin deciding which of the concepts the members have read about are involved in the issue they are studying. This task could go on forever as a group discussion, and we recommend that you place a time limit on it.

The Background Information section illustrates a method for applying the concepts to issues. The issues discussed in the Background Information section are hypothetical, but they illustrate a fairly wide range of real issues that students might be working on.

D. Individual Writing: Each student should prepare an individual written statement describing the group's issue in terms of the concepts the group has read about. This individual written work should be considered as preparatory to another group meeting, and need be no more than an outline. This writing can be done either in class or as a homework assignment.

E. Preparation of Group Reports: Each group should meet one more time to combine its individual members' efforts into a description of its issue in terms of the concepts its members have read about. The report should be short, no more than a few paragraphs or, at your discretion, an outline.

F. Reports and Discussion: The remainder of this sequence should be devoted to groups' reports and to class discussion of the reports. This activity can be organized in any of several ways. Two options are described below.

1. Discuss one concept at a time, asking for each group's description of the way in which the concept is involved in the group's issue. This procedure will focus attention on the concepts, as opposed to the issues, and will probably generate discussion among members of different groups over the extent to which the concepts are applicable to different kinds of issues.

2. Discuss one issue at a time, beginning with a group's report and proceeding to class discussion of the way the group used the various concepts in analyzing its issue. This procedure will focus attention on the issues, causing students to attend to each issue as a whole and to draw together concepts which apply to a particular issue.

G. Evaluation: Either the individual papers or the group reports that students have prepared for this discussion can be used for criterion-referenced evaluation. You might write your comments on the papers and return them for rewriting (by individual students), or you might simply ask individual students to rewrite their group reports, reflecting what they have learned during the discussion. You might also wish to enlist the aid of people in your community who are knowledgeable about the issues the students have discussed. Such people can be valuable, in the role of guest speakers or of commentators on the groups' reports, as sources both of insight into real political problems and of information that does not get into the newspapers.

ASSIGNMENT:

[(1) Read "Designing a CHD Poster"; (2) review Unit I Instructor's Manual, pp. 69-77; (3) review information about coronary heart disease (CHD) in the sources listed below.]

Point out the assignment "Designing a CHD Poster," in the Student Text, and tell the class that groups of students will design and make CHD posters during the next class meeting. Tell the students where they can find information about CHD and the factors that increase a person's risk of getting the disease.

1. Unit I Student Text, pp. 48-56.

2. Science Unit II Student Text, pp. 3-9, 87-90.

3. Science Unit II Laboratory Manual, pp. 1-8.

4. Mathematics Unit II Student Text, pp. 261-267.

5. Science Unit III Student Text, early sections (consult the Science instructor to find out what sections dealing with heart disease have already been discussed in the Science class.)

6. Any additional sources available to Biomedical students, such as Heart Association pamphlets.

Suggest that students take notes on their reading and also write down any ideas that occur to them for a poster to persuade young people not to do things that will increase their risk of getting CHD.

BACKGROUND INFORMATION:

Below are brief descriptions of four hypothetical issues, each followed by a description of the issue in terms of concepts from two or three of the seven Student Text readings beginning with "Value Principles in the Constitution." The examples illustrate the use of these concepts as tools for analyzing government-related issues.

A. Confidentiality of Press Sources: This issue has arisen in cases in which people who work for the press have refused to reveal to grand juries the sources of information which they have reported.

1. Party A proposes a federal law guaranteeing the confidentiality of communications between newspaper, magazine, radio or television reporters and the people who provide them with information. Party A argues that lack of such a guarantee makes people afraid to reveal information to the press, even if it is information that they believe the public should get. The potential sources of information fear that they will be harrassed, persecuted or punished for revealing the information. Lack of confidentiality restricts the access of the press, and therefore of the public, to information. Therefore, according to Party A, it abridges the freedom of the press guaranteed by the First Amendment.

2. Party B opposes a federal law guaranteeing confidentiality of press sources. Party B points out that a reporter is usually asked to reveal a source only if there is reason to think that the source has violated the law by releasing the information (if the information is secret information from inside the government) or has violated the law in some other way (if the information reported in the press shows that the source has done something illegal) or knows that somebody else has violated the law (if the information shows that the source knows about someone else's illegal activity). Party B argues that, in any of these cases, the reporter and the source are obligated to give the courts all the information they have (except that nobody can be required to give self-incriminating information). Party B concludes that a law guaranteeing confidentiality of press sources would wrongly free both reporters and their sources from the obligation of all citizens to give any information (not self-incriminating) that is required of them by the courts.

3. Application of Concepts to the Issue: This issue can be described in terms of concepts from the readings "Value Principles in the Constitution," "Rights and Obligations" and "Political Freedom."

Party A takes the position that the U.S. is a republic based on the concept of self-government in which the people are sovereign. In this system, the citizen in government must have certain civil liberties, including the freedom of the press, otherwise the citizen cannot be an informed participant in self-government. The Constitution is a social contract in which the citizens promise to obey the law and the government promises to protect the citizens' rights, including the right to a free press. The government denies the sovereignty of the people and fails to uphold its end of the social contract when it fails to protect the freedom of the press without which the citizens cannot govern themselves.

Party B takes the position that the citizen under government is obligated to obey the law and to give whatever information is required in court; the citizen undertakes this obligation by implied consent. Civil liberties cannot be used to protect citizens who have failed in their obligation to obey the law; all citizens under government must be equally obligated to obey the law and to cooperate with the courts.

This analysis shows that the issue results from the conflict between the rights of the citizen in government and the obligations of the citizen under government. Since this conflict is built into the very system of self-government, the issue will not be resolved to the satisfaction of all parties as long as self-government survives.

B. A Crash Energy Program: This is an issue that has begun to emerge into full public view and is likely to become increasingly controversial as non-renewable energy sources are depleted.

1. Party A proposes a federal law releasing huge sums of money for a crash program to find ways to provide all the nation's energy needs from the sun, the winds, the tides, hydroelectric dams, and combustible gases produced by the fermentation of waste products. The law would give the federal government control over all technology created by the crash program. Party A argues that oil and coal will be depleted shortly and that fusion and fission reactors are too dangerous. Furthermore, none of these energy sources can be used without polluting air, water and land. The crash program is

necessary to prevent future generations of Americans (as well as future generations in other countries, to which the U.S. could sell the technology) from being overwhelmed by energy shortages and pollution.

2. Party B opposes the crash program. Party B argues that the crash energy program would be a giant step away from capitalism and free enterprise, and toward socialism and a government-controlled economy. According to Party B, the crash program would put virtually the whole energy supply of the nation in the hands of the government, which would then be able to exercise dictatorial power over private citizens, companies, corporations and lower levels of government, simply by granting or withholding access to energy. Party B concludes that energy development should be left up to the private sector of the economy, which (except for hydroelectric dams) has always provided for the nation's energy needs.

3. Application of Concepts to the Issues: This issue can be described in terms of concepts from the readings "The States and the Union," "Power, Authority and Legitimacy" and "Rights and Obligations."

Both Party A and Party B recognize that the federal government has the power to undertake a crash energy program and to control the allocation of most of the energy in the country. The two parties disagree over whether that power is legitimate, that is, whether the federal government has the authority to do what is in its power. Party A takes the position that the government is obligated under the social contract of the Constitution to protect the rights of future generations of Americans ("ourselves and our posterity") and that in order to do so it must provide sources of energy for their homes, schools, factories, agriculture, transportation and defense. The citizens (including those who own stock in the oil companies and power companies that now control the nation's energy supply) are obligated by implied consent to pay for this protection of future generations. The Constitution, as a social contract, therefore, makes the crash energy program a legitimate exercise of governmental power.

Party B stands on other rights under the social contract, namely the right of private individuals (and corporations) to engage in productive activities for a profit and to exercise control over goods (including energy) produced by their own investment and effort. The crash energy program would violate these rights and would go beyond the bounds of limited government ("The Constitution doesn't say anything about the government controlling energy.") and would therefore be an illegitimate exercise of the government's power.

This analysis shows that the issue arises from a conflict between the rights of future generations, on the one hand, and the rights of some members of present generations, on the other hand. Since future generations don't vote or make campaign contributions, conflicts of this kind are usually settled in favor of those members of present generations who have a stake in them.

C. Court-Ordered Health Education in Public Schools: This hypothetical issue has several important points in common with real cases in which federal courts have ordered various things done at the state and local levels, and state and local governments have opposed the orders.

1. Party A is a federal court which has ordered the public schools in one state to provide health education for all public-school children, begining in the first grade, as a preventive method of improving the awful health conditions in the state. The court requires that children be given information about the hazards of pollution; about diet and nutrition; about genetics, sex and venereal disease; about the uses and the consequences of use of drugs, including prescription drugs, over-the-counter drugs, legal drugs such as alcohol and tobacco, and illegal drugs such as marijuana, cocaine and heroin; and about health services available in the community. If the court is upheld on appeal, such health education will in effect be required in all public schools in the country. The court argues that citizens have a right to be protected against disease, that health education is the cheapest and most effective method of preventing disease, and that the public schools are the most efficient vehicle for transmitting the necessary information to the public.

2. Party B is the state department of education that has been ordered to institute health education in the public schools. Party B opposes the requirement of health education on the grounds that education is not listed among the functions of the federal government in the Constitution and is therefore, according to the Tenth Amendment, reserved for the states and the people. It is unconstitutional for any agency of the federal government to tell a state or community what to teach in its schools. It is also unconstitutional for a court to make a law, which is what this court is doing in effect.

3. Application of Concepts to the Issue: This issue can be described in terms of concepts from the readings "The States and the Union" and "The Separation of Powers."

Party A takes the position that health is a civil right of citizens. Under the system of federalism, if a state violates the civil rights of its citizens, the federal government is obligated to protect the citizens from the state. Since the federal government is sovereign in relation to the state government, it is up to the federal government to decide whether the civil rights of citizens are being sufficiently protected by the state government. The court has presumably heard a complaint from a citizen that the state was not protecting his or her child's right to health, and the court has found in favor of the citizen and ordered the state to protect the child's right. It is proper for the court to do so under the system of checks and balances, which leaves the Congress the option of enacting its own health education laws, leaves the state the option of appealing the decision to higher courts, and leaves the people, the states and the Congress the option of amending the Constitution either to require or to prohibit health education.

Party B takes the position that the system of federalism and the concept of limited government leave education to the states or the people and that health is not listed among the civil rights of citizens in any part of the Constitution. Party B also holds that the court is in effect trying to make a law, which under the system of checks and balances is the prerogative of the Congress and the President.

This analysis shows that the issue arises from the conflict between two levels of government in the federal system, over the location of the boundary line between their jurisdictions and over the nature and extent of civil rights. During the present century the federal government and its definition of civil rights has come out on top in most controversies of this kind.

D. Quotas for Admission of Minorities to Health Training Institutions: Several cases similar to this hypothetical one have arisen in recent years.

1. Party A proposes a state law to impose quotas on admissions to all medical, dental, nursing and other health training institutions. The law would require that the state determine (1) the proportions of several minority groups in the population of the state and (2) the proportions of the same minorities among all health workers who have graduated from the health training institutions of the state and are working in the state. The institutions would be required to recruit and, if necessary, support minority students. The proportions of minority students admitted would be larger than the proportions of the minorities in the general population, until the proportions of minorities working in health jobs in the state became equal to the proportions of those minorities in the population. Then the quotas would be reduced so that the proportions of minority students admitted would be equal to the proportions of minorities in the population. Party A argues that minorities in the state are denied work in health fields for many reasons, and that only a quota system will suffice to balance the proportions of minorities working in health fields.

2. Party B opposes the quota system because it would give minority students an unfair advantage in gaining admission to the health training institutions, and because it would take the power to decide who is qualified to learn a health profession away from those who are in the professions (who control the institutions) and give it to bureacrats who know nothing about health care or about the abilities necessary for a student to become a good health worker.

3. Application of Concepts to the Issue: This issue can be described in terms of concepts from the readings "The States and the Union," "Majorities and Minorities" and "Power, Authority and Legitimacy."

Party A takes the position that equal access to health jobs is a civil right which the state is obligated to protect. Since minorities are underrepresented among the state's health workers, it is apparent that this view is the position of a political minority, which Party A would like to turn into an electoral majority by getting the quota system enacted as a state law. Party A holds that the state has authority to impose the quota system because the state is obligated to protect the civil rights of its citizens.

Party B takes the position that the quota system violates the civil rights of those non-minority students who would be kept out of health training institutions by the quota system. Party B also holds that the state's imposing a quota system on health training institutions would not be a legitimate exercise of power because it would allow

the state to make decisions that should be left to experts; the quota system would admit unqualified students to the institutions and would thus lower the quality of health care in the state. Party B represents a political majority which wants to convert itself into an electoral majority by defeating the quota system.

This analysis shows that the issue arises from a conflict between the rights of those who belong to ethnic minorities and the rights of those who do not. The type of quota system described above seeks to make a long-term increase in the protection of the rights of the ethnic minorities, by the method of allowing a short-term decrease in the protection of the rights of others. Such a system reflects the opinion that, without the temporary injustice of the quota system, the injustice of minority under-representation in health fields will be permanent.

MASTER: CONCEPTS AND ISSUE AREAS

CONCEPTS	ISSUE AREAS
"VALUE PRINCIPLES IN THE CONSTITUTION"	
SELF-GOVERNMENT	
DEMOCRACY	
REPUBLIC	
SOVEREIGNTY OF THE PEOPLE	
"THE STATES AND THE UNION"	
SOVEREIGNTY OF A GOVERNMENT	STATES' RIGHTS
FEDERALISM	CIVIL RIGHTS
LIMITED GOVERNMENT	
CIVIL RIGHTS	
"THE SEPARATION OF POWERS"	
CHECKS AND BALANCES	SECRECY IN GOVERNMENT
AUTHORITY	FREEDOM OF THE PRESS
"RIGHTS AND OBLIGATIONS"	
RIGHTS	CRIME AND GOVERNMENT
SOCIAL CONTRACT	CIVIL DISOBEDIENCE
IMPLIED CONSENT	FAILURES OF GOVERNMENT TO PROTECT RIGHTS
EXPRESS CONSENT	
CITIZENSHIP	
"POLITICAL FREEDOM"	
CITIZEN IN GOVERNMENT	FREEDOMS OF SPEECH, PRESS, ASSEMBLY AND PETITION (CIVIL LIBERTIES)
CITIZEN UNDER GOVERNMENT	
CIVIL LIBERTIES	
"MINORITIES AND MAJORITIES"	
ELECTORAL MINORITY	MINORITY POLITICS (ETHNIC, RACIAL, RELIGIOUS, ETC.)
POLITICAL MINORITY	

LESSON 18: MAKING CHD POSTERS

SYNOPSIS:

In this lesson small groups of students design and make posters intended to persuade young people to avoid doing things that will increase their risk of getting coronary heart disease (CHD). The "best" posters will be selected in two different judging processes, in Lessons 19 and 20. The two versions of the poster contest are simulations of two decision-making processes.

Note: This activity may take more than one class period.

OBJECTIVES:

The student will:

- identify at least three factors that increase a person's risk of getting CHD.
- design a graphic message encouraging young people to avoid the factors that increase the risk of CHD.

SUPPLIES:

Materials from which to make posters (see Advance Preparations, below)

STUDENT TEXT:

Designing a CHD Poster (for use in class)

ADVANCE PREPARATIONS:

You should make two kinds of preparations before you teach Lesson 18: you should put some thought into the assigning of students to groups, and you should gather materials for the students to use in making posters.

[Read "Instructions for Judges in the Poster Contest, Version I" and "Instructions for Observers in the Poster Contest, Version I."]

A. Assigning Students to Groups: (Note: If you have a very small class, you might want to have individual students make posters. All posters made by students whom you select to be judges in Version I should then be ineligible to win in Version I.)

The groups that will make CHD posters in Lesson 18 can be any size you like. (Because this is a physical task small groups--two or three students--are preferred.) However, you should select two of the groups (four to six students) with the idea in mind that their members will serve as the judges in Version I of the poster contest during Lesson 19. These students will have the task of choosing the best posters on the basis of originality, neatness, impact and accuracy. While they are deciding which are the best posters, the rest of the class will serve as observers. In order to give the observers something worthwhile to observe, you should try to assemble a panel of judges who are independent-minded and who are comfortable talking in front of the class. The more disputation there is among the judges, the more there will be for the observers to note.

(The judges for Version II will be selected from among the members of the other groups; it is not necessary to select these judges until Lesson 20.)

If several of your students are experienced in graphic arts, those students should be distributed evenly among the groups.

B. Assembling Materials: For the purposes of this sequence of lessons, students can get by with large sheets of newsprint and a supply of colored markers or even crayons. However, you can expand this activity to include displaying the posters for the rest of the school and perhaps even surveying non-Biomedical students on their responses to the posters. (An optional follow-up question at the end of this sequence asks students to suggest ways in which they could objectively assess the relative "impact" of their posters; a survey of other students would be one way to do that.) Obviously, the more varied the materials the students have to work with, the more attractive and interesting their posters are likely to be. Therefore, depending on the resources available to you, you may wish to bring in such materials as poster board,

construction paper, old magazines (in which many of the factors that increase the risk of CHD are very attractively advertised) and paints. You might be able to enlist the aid of an art instructor, not only as a source of supplies but also as an independent source of advice for students on how the posters could be improved.

SUGGESTED TEACHING PROCEDURES:

Divide the class into groups of approximately equal size, ask the members of each group to sit together, and ask everyone to read "Designing a CHD Poster" in the Student Text. To increase interest in this activity you might wish to emphasize the fact that there will be a contest among the groups to pick the best posters. However, students should not know what the criteria in Version II of the poster contest will be, because if they do it is likely that knowledge of the criteria will influence their planning of posters and that most or all of the posters will therefore receive identical scores in Version II.

Before the groups begin, establish some time limits for the "planning" and "execution" phases of the making of the posters.

When the posters are completed, number each poster on the back and make a record of which students worked on each poster. Students should not sign their posters. This is necessary because entries should be anonymous for the judging in Version II of the contest.

ASSIGNMENT:

There is no assignment for Lesson 19.

LESSON 19: CHD POSTER CONTEST, VERSION I

SYNOPSIS:

In this lesson a panel of student judges selects the best posters, on the basis of originality, creativity, impact and accuracy, through an informal group decision-making process. The other students observe and describe the decision-making process.

OBJECTIVES:

The student will describe the following characteristics of an informal group decision-making process:

- allocation of responsibility.
- manner of establishing allocation of responsibility.
- manner of applying subjective criteria (originality, neatness, impact).
- possiblity of favoritism.

SUPPLIES:

Posters made during Lesson 18

List showing which students worked on each poster (one for each judge in Version I, for use in class)

STUDENT TEXT:

Instructions for Judges in the Poster Contest, Version I (for use in class)

Instructions for Observers in the Poster Contest, Version I (for use in class)

ADVANCE PREPARATIONS:

[Review "Instructions for Judges in the Poster Contest, Version I," and "Instructions for Observers in the Poster Contest, Version I."]

Arrange seating in the classroom so that the judges in Version I of the contest can be seen and their conversation heard by the rest of the students. (Seating the judges around a table in the center of the room is a good arrangement.)

The posters should be hung so that both the judges and the observers can see them, and each poster should be labeled with the number you have assigned to it (e.g., with the number written on a piece of paper attached to the poster or to the wall nearby). Do not hang the posters made by the groups that will serve on the judging panel.

Prepare for each of the judges in Version I a copy of your list showing which students worked on each poster. The entries should not be anonymous for Version I. However, since those who will be judges in Version II will be among the observers in Version I, the name list should be given only to the judges in Version I.

SUGGESTED TEACHING PROCEDURES:

A. Preparing for the Judging: Seat the judges for Version I in their places and ask them to read the "Instructions for Judges in the Poster Contest, Version I," in the Student Text. Ask the rest of the students to read the "Instructions for Observers in the Poster Contest, Version I," also in the Student Text.

When the students have finished reading the instructions, distribute the list of names to the judges and tell them that they may refer to it during the judging, but ask them not to reveal the names; they should refer to the posters during their discussion as "poster number seven" (or whatever), not as "the one that Martha and Harry and Jake made."

See that the observers have paper and pencils, and caution them to be quiet during the judging.

If you want to impose a time limit on the judging, inform the judges of it.

B. The Judging: Insofar as possible you should refrain from interfering in the work of the judges. One of the things the observers are supposed to be watching for is the extent to which the judges develop a recognizable allocation of responsibility, and another is the extent to which the judges discuss and agree on the (subjective) terms "originality," "neatness" and "impact." Clearly, any intervention on your part which affects the organization of the panel or the judges' understanding of these words will detract from the simulation.

During the judging you may wish to keep your own notes on the items listed in the "Instructions for Observers," so that you can refer to them in the discussion which will follow Version II.

ASSIGNMENT:

Ask the observers to transcribe their notes so that they will be able to refer to them during the discussion in Lesson 21 (and, if you wish, a writing assignment to follow the discussion). Ask the judges to read the "Instructions for Observers in the Poster Contest, Version I," in the Student Text, and to write down their own recollections of their behavior as judges.

LESSON 20: CHD POSTER CONTEST, VERSION II

SYNOPSIS:

In this lesson eleven students select the best posters, on the basis of the number of CHD risk factors included, through a bureaucratic group decision-making process. The other students observe and describe the decision-making process.

OBJECTIVES:

The student will describe the following characteristics of a bureaucratic group decision-making process:

- division of labor (Different people have different tasks.)
- hierarchy (Some people have authority over others.)

•impersonality (Tasks do not require expression of personality differences or emotional states.)

SUPPLIES:

Posters made during Lesson 18

5 x 8 or larger cards for making 11 name plates for the judges

Master: Instructions for Departments in the Poster Contest, Version II (one per student, for use in class)

Master: Instructions for Higher Bureaucrats in the Poster Contest, Version II (five copies, for use in class)

STUDENT TEXT:

Instructions for Observers in the Poster Contest, Version II (for use in class)

ADVANCE PREPARATIONS:

[Read "Instructions for Observers in the Poster Contest, Version II," and the two handouts, "Instructions for Departments..." and "Instructions for Higher Bureaucrats..."]

Two kinds of preparations are required: selecting the judges, and setting up the classroom.

A. Selecting the Judges: Eleven judges are required for Version II. (Note: If you have a small class, see the Background Information section, following the Suggested Teaching Procedures, for ways to reduce the number of judges to as few as six.) The judges for Version II should be selected so that the groups that made the posters are about equally represented among the judges. All posters will be eligible to win in Version II. Five of the judges (the two bureaus, the two divisions and the Director) will need to be able to make simple arithmetic calculations. The two divisions will have to help the departments with any tough decisions that may arise during the judging. The Director will have to decide whether to fire any of the departments who, in the opinion of their supervising divisions, are having too much trouble making decisions. (You will serve as the Civil Service Commission to appoint replacements for any departments who get fired.) Nobody who served as a judge in Version I should serve in Version II.

B. Setting Up the Classroom: Arrange seating so that the judges can be seen and heard by the rest of the class. If at all possible the judges' seats should be arranged in a line, in the following order from one end to the other:

Department of Obesity

Department of Hypertension

Division of Somatic Factors

Department of Diet

Department of Smoking

Bureau of Ingestion

Department of Exercise

Department of Type A Behavior

Bureau of Activity

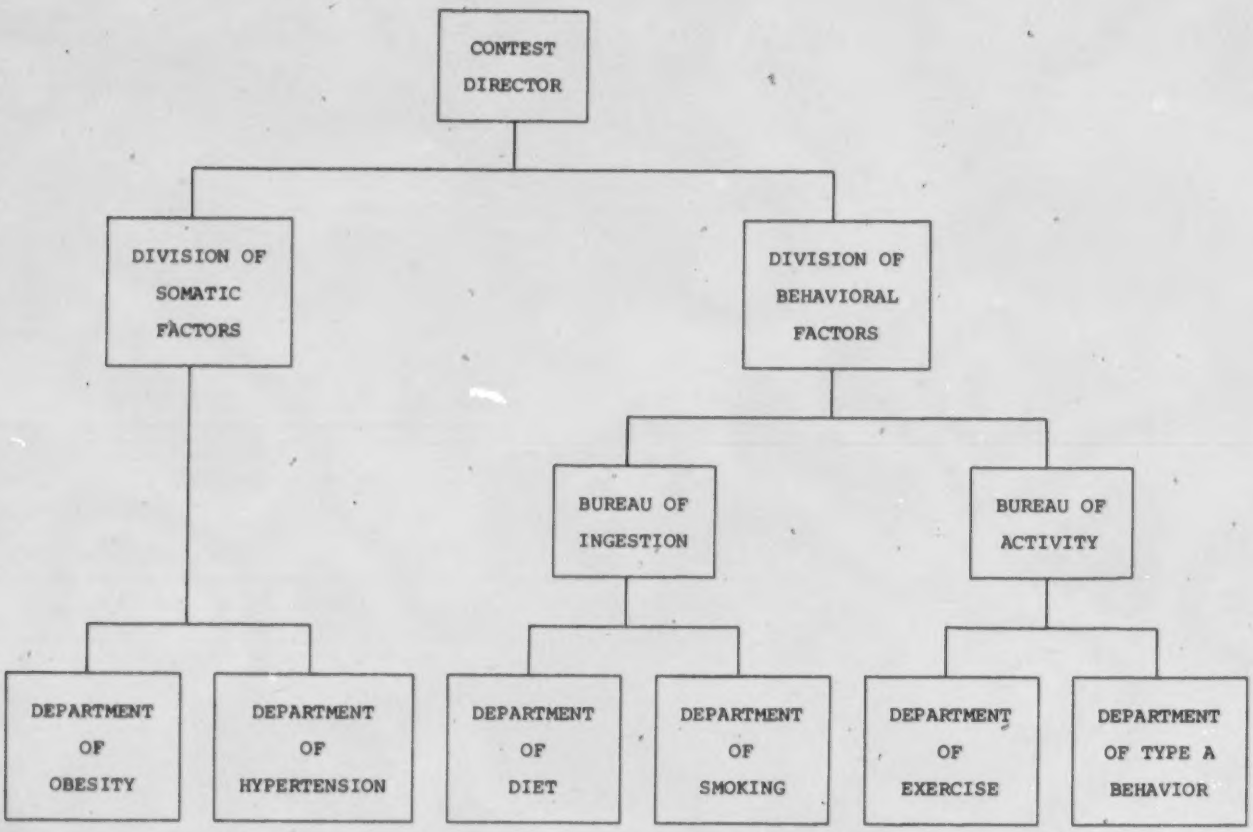
Division of Behavioral Factors

Contest Director

All posters will be passed along the line from the Department of Obesity to the Contest Director.

In order to make things easier for the judges, and to help the observers figure out what is going on, you should prepare name plates for the judges (e.g., by writing their titles on 5 x 8 cards, folding them so that they will stand, and placing them on the desks or tables in front of the judges' seats).

For your reference, an "organizational chart" of this little bureaucracy is shown below. You may want to show such a chart to the judges, but you should not reveal the chart to the observers; part of their task is to figure out by observation what the organization of the group is like.



SUGGESTED TEACHING PROCEDURES:

A. Preparing for the Judging: Seat the judges in their places and distribute the handouts as follows.

1. Give the "Instructions for Higher Bureaucrats in the Poster Contest, Version II," to the two bureaus, the two divisions and the Contest Director. Nobody else should receive this handout.

2. Give the "Instructions for Departments in the Poster Contest, Version II," to all students. Tell the six departments that these are their instructions. Tell the other judges, and the observers, that they may refer to this instruction sheet during the judging as a means of finding out what is going on.

Each judge will also need a sheet of paper and something to write with. All judges should read and carry out the general instructions given at the beginning of their instruction sheets. Each judge should then read the instructions pertaining to his own job. (If you want to take the time, you can allow the judges time to read all the instructions they have, including those for other judges, but it is not necessary that they do so. Each judge could do his own job without reading the instructions for any other judge's job.)

Ask the students who are not judges to read the "Instructions for Observers in the Poster Contest, Version II," in the Student Text. These instructions are slightly different from those for observers in Version I. Each observer will need paper and pencil. Caution the observers to be quiet during the judging.

When all students have read their instructions and the judges have prepared their score sheets, hand the posters (all of them, this time) to the first judge (Department of Obesity) and ask the judges to begin.

B. The Judging: As in Version I, there should be little for you to do during the judging other than taking your own notes. If the Contest Director decides to fire somebody, you will have to pick a replacement. The posters should move along the line of judges fairly rapidly, since one set of judges (the departments) are doing the actual judging and another set (the bureaus, the divisions and the Director) are doing the arithmetic. However, a bottleneck may appear if a Department has trouble deciding how to score one or more posters. The judges' instructions include a mechanism for removing such an obstacle, and, should one appear, you should try to leave it to the judges to deal with. (The fact that one bureaucrat can be replaced without any important consequences for the bureaucracy or its work is an important concept in this lesson.)

ASSIGNMENT:

Ask the judges to read the "Instructions for Observers in the Poster Contest, Version II," in the Student Text, and to write down their recollections of their behavior as judges.

Ask all students to compare their notes from the two versions and, with the questions from the two sets of "Instructions for Observers" in mind, to write down their descriptions of the differences between what happened in Version I and what happened in Version II. Students' responses to this assignment will serve as the basis of discussion in the next lesson.

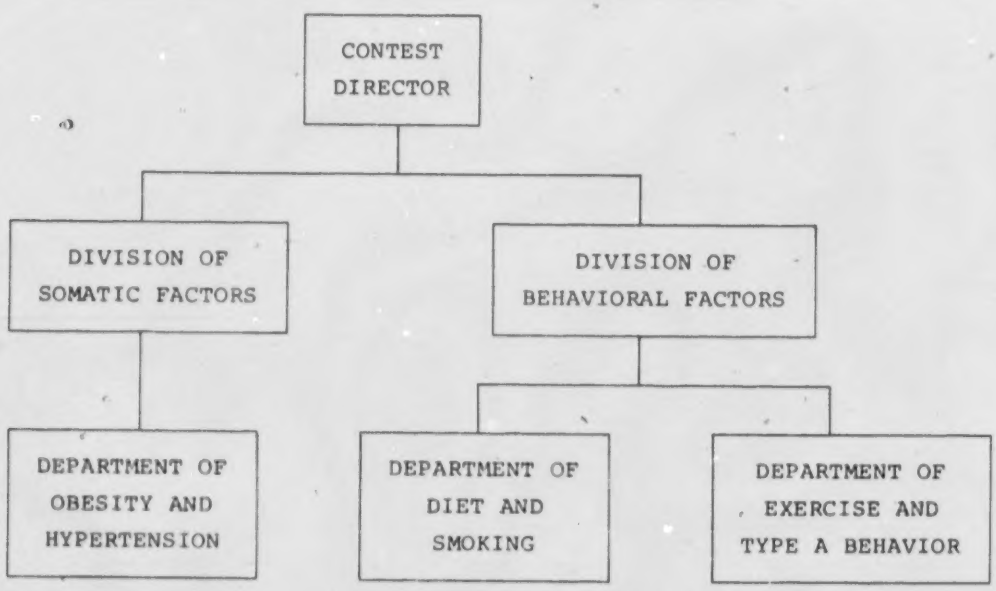
BACKGROUND INFORMATION:

If you have a small class, you may want to reduce the number of judges in Version II of the poster contest. You can do this in either (or both) of two ways: combine departments, and/or eliminate the two "bureaus."

1. Combining Departments: Combine Obesity and Hypertension; combine Diet and Smoking; and combine Exercise and Type A Behavior. You will then have three departments instead of six. Each of the three department-level judges will then have to read two sets of instructions and prepare two score sheets.

2. Eliminating Bureaus: The jobs of the two "bureaus," Ingestion and Activity, can be integrated in the job of the Division of Behavioral Factors. The person whom you appoint to the Division of Behavioral Factors will then have to read three sets of instructions, but will need to prepare only one score sheet; the "bureau" score sheets can be dispensed with.

If you make both of these changes, you will have only six judges and your organizational chart will look like this.


CONTEST DIRECTOR
DIVISION OF SOMATIC FACTORS
DIVISION OF BEHAVIORAL FACTORS
DEPARTMENT OF OBESITY AND HYPERTENSION
DEPARTMENT OF DIET AND SMOKING
DEPARTMENT OF EXERCISE AND TYPE A BEHAVIOR

MASTER: INSTRUCTIONS FOR DEPARTMENTS IN THE POSTER CONTEST, VERSION II

You have been selected to act as one of the judges in Version II of the CHD poster contest. Each judge in this version will have a different job. Some of the jobs are described below. Your instructor will tell you which job is yours.

When you get your assignment, do the following things.

1. Take a blank sheet of paper and write the name of your job (e.g., "Department of Obesity") across the top. Then write the numbers of the posters down the left-hand side of the sheet. (For example if there are ten posters, write the numerals 1 through 10 down the side of the sheet.)

2. When a poster is brought to you, follow the instructions given below for your particular job, record the score for that poster next to the proper number on the score sheet you have prepared, and pass the poster on to the person indicated in your instructions.

3. If you have difficulty doing your job, go to the person named in your instructions for help.

Note: Your instructions will ask you to decide whether each poster "mentions" a particular CHD risk factor. A "mention," on a poster, could consist of words or pictures or both. A picture alone may be enough; the word does not have to appear. If the poster uses pictures rather than words, or used words different from the ones listed in your instructions, you will have to decide whether the "mention" given is clear.

Department of Obesity:

If the poster mentions obesity, score +2.

If the poster mentions overweight but not obesity, score +1.

If the poster does not mention either obesity or overweight, score 0.

If you cannot decide how to score the poster, go to the Divison of Somatic Factors for help.

When you have finished with the poster, pass it to the Department of Hypertension.

When you have scored all posters, pass your score sheet to the Division of Somatic Factors.

Department of Hypertension:

If the poster recommends regular blood-pressure checkups, score +2.

If the poster mentions high blood pressure or hypertension but does not recommend regular checkups, score +1.

If the poster does not mention blood pressure or hypertension at all, score -1.

If you cannot decide how to score the poster, go to the Division of Somatic Factors for help.

When you have finished with the poster, pass it to the Department of Diet.

When you have scored all posters, pass your score sheet to the Division of Somatic Factors.

Department of Diet:

If the poster mentions excess saturated fatty acids, score +3.

If the poster mentions excess sugar, score +2.

If the poster mentions excess refined carbohydrates, score +1.

If the poster mentions excess salt or excess sodium, score +1.

If the poster mentions excess fats but not saturated fats, score 0.

If the poster does not mention any of these, score -1.

Note: From the above six criteria you may wind up with a score of +7, +6, +5, +4, +3, +2, +1, 0 or -1.

If you cannot decide how to score the poster, go to the Division of Behavioral Factors for help.

When you have finished with the poster, pass it to the Department of Smoking.

When you have scored all posters, pass your score sheet to the Bureau of Ingestion.

Department of Smoking:

If the poster mentions cigarette smoking, score +2.

If the poster mentions smoking but does not mention cigarette smoking in particular, score +1.

If the poster does not mention smoking at all, score -1.

If you cannot decide how to score the poster, go to the Division of Behavioral Factors for help.

When you have finished with the poster, pass it to the Contest Director.

When you have scored all posters, pass your score sheet to the Bureau of Ingestion.

Department of Exercise:

If the poster mentions exercise, score +1.

If the poster does not mention exercise, score 0.

If you have trouble deciding how to score the poster, go to the Division of Behavioral Factors for help.

When you have finished with the poster, pass it to the Department of Type A Behavior.

When you have scored all posters, pass your score sheet to the Bureau of Activity.

Department of Type A Behavior:

If the poster mentions Type A Behavior or chronic time urgency or chronic competitive overdrive, score +1.

If the poster does not mention any of these things, score 0.

If you cannot decide how to score the poster, go to the Division of Behavioral Factors for help.

When you have finished with the poster, pass it to the Contest Director.

When you have scored all posters, pass your score sheet to the Bureau of Activity.

MASTER: INSTRUCTIONS FOR HIGHER BUREAUCRATS IN THE POSTER CONTEST, VERSION II

You have been selected to act as one of the judges in Version II of the CHD poster contest. Each judge in this version will have a different job. Some of the jobs, including yours, are described below. Your instructor will tell you which job is yours.

When you get your assignment, do the following things.

1. Take a blank sheet of paper and write the name of your job (e.g., "Bureau of Ingestion") across the top. Then write the numbers of the posters down the left-hand side of the sheet. (For example, if there are ten posters, write the numbers 1 through 10 down the side of the sheet.)

2. Read and follow the instructions given below for your job.

Note: You will be given a copy of the "Instructions for Departments in the Poster Contest, Version II." You may need to refer to these instructions to find out what the people under your supervision are supposed to be doing. However, your own job is described entirely in the instruction sheet you are reading now.

Bureau of Ingestion: Your job is to add the scores of the Department of Diet and the Department of Smoking.

1. When these two departments have brought you their score sheets, add the scores from both departments for each poster and write the totals on your own score sheet. The maximum and minimum scores are listed below. If you find that either of the score sheets you are working with lists more than the maximum or less than the minimum score for any poster, then correct the error before you enter the score on your own score sheet. (To correct the error, get the poster and take it to the department that made the mistake. Point out the error and ask the department to score the poster once again. Then return the poster to the person you got it from.)

	maximum per poster	minimum per poster
Dept. of Diet	+7	-1
Dept. of Smoking	+2	-1
Bureau of Ingestion	+9	-2

2. When you have scored all posters, pass your score sheet to the Division of Behavioral Factors, along with the score sheets of the Departments of Diet and Smoking.

Bureau of Activity: Your job is to add the scores of the Department of Exercise and the Department of Type A Behavior.

1. When these two departments have brought you their score sheets, add the scores from both departments for each poster and write the totals on your own score sheet. The maximum and minimum scores are listed below. If you find that either of the score sheets you are working with lists more than the maximum or less than the minimum score for any poster, then correct the error before you enter the score on your score sheet. (To correct the error, get the poster and take it to the department that made the mistake. Point out the error and ask the department to score the poster once again. Then return the poster to the person you got it from.)

	maximum per poster	minimum per poster
Dept. of Exercise	+1	0
Dept. of Type A Behavior	+1	0
Bureau of Activity	+2	0

2. When you have scored all posters, pass your score sheet to the Division of Behavioral Factors, along with the score sheets of the Departments of Exercise and Type A Behavior.

Division of Somatic Factors: You are the supervisor of the Department of Obesity and the Department of Hypertension. You have three tasks: to help the people in these

departments with problems they cannot solve; to recommend replacing people who seem to be having too many problems; and to calculate the total score for each poster from these two departments.

1. If one of these departments comes to you with a problem (e.g., "I can't decide whether this poster really recommends getting regular blood pressure checkups."), solve the problem as you see fit. You have the last word.

2. If one of these departments has come to you with problems on three posters, write a note to the Contest Director recommending that the person in that department be replaced.

3. When these departments pass their score sheets to you, add the scores from both departments for each poster and write the totals on your own score sheet. The maximum and minimum scores are listed below. If you find that either of the score sheets you are working with lists more than the maximum or less than the minimum score for any poster, then correct the error before you enter the total score on your score sheet. (To correct the error, get the poster and take it to the department that made the mistake. Point out the error and ask the department to score the poster once again. Then return the poster to the person you got it from.)

	maximum per poster	minimum per poster
Dept. of Obesity	+2	0
Dept. of Hypertension	+2	-1
Div. of Somatic Factors	+4	-1

4. When you have scored all posters, pass your score sheet to the Contest Director, along with the score sheets of the two departments you supervise.

Division of Behavioral Factors: You are the supervisor of the Department of Diet and the Department of Smoking (in the Bureau of Ingestion) and the Department of Exercise and the Department of Type A Behavior (in the Bureau of activity). You have three tasks: to help the people in your four departments with problems they cannot solve; to recommend replacing people in those departments who seem to be having too many problems; and to calculate the total score for each poster from your two bureaus.

1. If one of your four departments comes to you with a problem (e.g., "I can't decide whether this poster really mentions cigarette smoking."), solve the problem as you see fit. You have the last word.

2. If one of these departments has come to you with problems on three posters, write a note to the Contest Director recommending that the person in that department be replaced.

3. When your two bureaus pass their score sheets to you, add the scores from both bureaus for each poster and write the totals on your own score sheet. The maximum and minimum scores are listed below. If you find that either of the score sheets you are working with lists more than the maximum or less than the minimum score for any poster, then have the error corrected before you enter the total score on your score sheet. (Point out the error to the bureau that made the mistake. Ask the bureau to correct the error according to the bureau's instructions.)

	maximum per poster	minimum per poster
Bureau of Ingestion	+9	-2
Bureau of Activity	+2	0
Div. of Behavioral Factors	+11	-2

4. When you have scored all posters, pass your score sheet to the Contest Director, along with the score sheets of the bureaus and departments you supervise.

Contest Director: You are the supervisor of the Division of Somatic Factors and the Division of Behavioral Factors. You have two tasks: to replace people at the

department level if you and their supervisors agree that those people are having too many problems; and to calculate the total scores for all posters and announce the winners.

1. If either of the division-level judges recommends that someone be replaced, then talk to both the person who made the recommendation and the person who it is recommended should be fired. You may fire anyone who has gone to his or her supervisor with problems on three posters. However, you may decide not to fire such a person if you believe the person can improve his or her performance or if you believe you would have had just as much trouble making the decisions. If you decide to fire somebody, then inform the person that he or she is fired, and inform the Civil Service Commission (your instructor) that a replacement is required for that job. The Civil Service Commission will provide a replacement. You should supervise the transition to be sure that the new person takes up where the old one left off, and none of the work goes undone.

2. When both of the division-level judges have brought you their score sheets, you should add the scores from the two divisions for each poster and write the totals on your own score sheet. The maximum and minimum scores are listed below. If you find that either of the score sheets you are working with lists more than the maximum or less than the minimum score for any poster, then have the error corrected before you enter the score on your score sheet. (Point out the error to the division that made the mistake. Ask the division to correct the error according to the division's instructions.)

	maximum per poster	minumum per poster
Div. of Somatic Factors	+ 4	-1
Div. of Behavioral Factors	+11	-2
Contest Director (final score)	+15	-3

3. When you have scored all posters, identify the poster with the highest score and announce it as the winner. Similarly identify and announce second-place and third-place winners. Note: In case of a tie score for first, second or third place, all posters receiving the same score are equally the winners.

LESSON 21: DISCUSSION OF THE CHD POSTER CONTEST, VERSIONS I AND II

SYNOPSIS:

In this lesson students discuss the differences between the two versions of the poster contest and between the real-life group decision-making processes simulated by the two versions.

OBJECTIVES:

The student will:

- identify the following characteristics of a bureaucratic group decision-making process:
  - division of labor
  - rules and regulations
  - anonymity and impersonality
  - hierarchy
  - replaceability of members.
- identify at least one example of informal group decision-making and at least one example of bureaucratic group decision-making in health-care delivery situations.
- identify at least one potential advantage and one potential disadvantage of each group decision-making process.

SUGGESTED TEACHING PROCEDURES:

A. Discussion of Differences between the Two Versions: The Background Information section following these Suggested Teaching Procedures describes five major differences between small, informal decision-making groups (simulated in Version I) and bureaucratic decision-making groups (simulated in Version II). Students may have noticed any or all of these differences between the two versions of the poster contest. Elicit descriptions of as many of these differences as you can, and point out to the students any differences that none of them noticed.

1. Division of Labor: In Version II there was a division of labor, with specific tasks assigned to particular people. In Version I there was no division of labor (unless the judges created one).

2. Rules and Regulations: In Version II there was a system of rules and regulations which dictated the decision-making and administrative behavior of all judges. In Version I there were no rules of procedure (unless the judges in Version I created rules for themselves).

3. Anonymity and Impersonality: In Version II the entries were anonymous and the interactions among the judges were few and impersonal. In Version I the judges knew who made each poster, and they interacted with one another constantly and in a more personal fashion.

4. Hierarchy: In Version II there was a hierarchy: some judges were in positions of higher authority than others. In Version I there was no hierarchy (unless the judges in Version I created one).

5. Replaceability: In Version II, some of the judges were (or could have been) replaced, with little or no effect on the outcome of Version II of the poster contest. If any judge in Version I had been replaced, different posters might have won Version I of the contest.

At the end of this part of the discussion, all students should be aware of (and, if you wish, should have notes on) these five differences between the two versions of the poster contest.

B. What Was Being Simulated? During this part of the discussion students should identify groups in their experience which operate like the panel of judges in Version I, and groups which operate like the judges in Version II.

Of course, few real groups are completely bureaucratic or completely informal; most include elements of bureaucratic organization and elements of informal interaction. However, students should be able to identify particular aspects of real groups which correspond to particular aspects of the models presented in Version I and Version II of the poster contest. It may be instructive for students to analyze some real organizations which they know about and which they refer to (or have heard referred to) as "bureaucracies," in order to identify the ways in which such organizations resemble the model in Version II and ways in which they do not resemble it.

Many of the real groups that students might think about are groups which they have encountered in health-care delivery situations. Some examples of small, informal group decision-making in health-care delivery include the consultation of several physicians to diagnose an illness or decide which treatment is appropriate, and the consultation of other health workers such as the staff of an institution for the infirm to decide how to meet the various needs of the institution's clients. (Note that in these examples the group's objective is agreed on beforehand--the maintenance or restoration of health--but the methods to be used may be subject to disagreement among qualified persons, and the final outcome depends on the judgment, expertise and insight of the participants.)

Health examples of bureaucratic decision-making include the categorizing of patients seeking admission to a health-care facility, and the various decisions made in the process of preparing, sorting, using, storing and updating records. (Here both the objectives and the method are agreed on beforehand.)

At the conclusion of this part of the discussion, students should have in mind the word "bureaucracy" as the technical term for the type of decision-making unit simulated in Version II, and should have in mind several examples of real decision-making units that resemble each of the two models presented in the poster contest.

Note: A "bureau" is a specialized administrative unit, such as the Department of Diet, whose specialized function was to determine whether excess saturated fatty acids, sugar and sodium were mentioned in the posters being evaluated. A "bureaucracy" is a decision-making organization consisting of several bureaus and also characterized by procedural rules, impersonality, hierarchy and the replaceability of members.

C. What Are the Two Methods of Decision-Making Good For? A partial answer to this question is that bureaucratic organization is preferable to informal group processes when there are many different tasks to be performed. Basically, if there are few things to do, it is a waste of time and energy to set up an organization for getting them done; but if there are many things to do, it may be an even greater waste of time and energy to try to do them without an organization.

Informal group processes have a great advantage of their own in certain situations. Just as bureaucracy can eliminate much duplication and confusion in a situation where there are many things to be done, so informal group processes provide great advantages in situations where individuals disagree over what is the best way to accomplish something. More specifically, informal group processes are appropriate to situations in which the group's objective is agreed on but its methods are not. Such situations include things like a real art contest, where the objective is to pick the best picture but what is "best" and how you pick it is a matter of taste, personal judgment, subjectivity, etc.; and things like a consultation among doctors, where the objective is to restore or preserve a patient's health, but the method of doing it is open to discussion among qualified professionals. In the former case the method is not agreed on because it is a matter of taste. In the latter case the method is not agreed on because it is a matter of insight based on professional training and experience.

Beyond these major distinctions between the two processes, each particular feature of either process may be an advantage in some situations and a disadvantage in others (see the Background Information Section). Students should be encouraged to think aloud about these particular features. In what situations would the assignment of specialized tasks be useful? Not useful? When might a mass of rules and regulations be helpful? When harmful? When might impersonality be helpful? Hierarchy? The replaceability of members? To encourage thought on these points you might try asking what would happen in some informal group that students are familiar with if someone came in and tried to organize it as a bureaucracy; and what would happen to a bureaucracy such as a hospital or a fire department that operated without specialized jobs, rules, impersonality, hierarchy and replaceable workers.

When you believe the class clearly understands the advantages and disadvantages of bureaucratic and informal, consultative decision making, and also understands how each is appropriate for different decision-making contexts, the discussion is successful.

ASSIGNMENT:

Optional: You may wish to have students do more with their heart-disease posters. If you assign students the task of thinking of a way to judge, objectively, which of the class' posters has the most impact on people the students' own age, someone may think of displaying the posters around the school and then surveying students to find out whether the respondents have noticed the posters, which ones they thought had the most impact on them or other, similar questions. You might also wish to have an art instructor consult with students on ways of improving their posters; the redesigned posters could be displayed around the school and students could be surveyed on their responses to them. Other outside sources of ideas on improving (and using) the posters may be found among health workers in the community who deal with the prevention, detection and treatment of heart disease.

In preparation for the next lesson, ask students to read "Decision-Making about Health Care," in the Student Text, and to review "Designing and Using a Questionnaire," Unit I Student Text, pp. 4-6.

BACKGROUND INFORMATION:

A. Definitions: Organization and bureaucracy are often used interchangeably; both refer to a number of people who are formally joined together for the accomplishment of certain specified goals. Usually these people have specialized tasks. Strictly speaking, a bureaucracy is an organization one of whose functions is self-preservation. In other words, a bureaucracy has a mechanism to perpetuate itself. Thus, if there is as simple a position as that of a treasurer to collect dues then the organization is bureaucratic.

In lay terms bureaucracy often connotes an organization with a large number of departments of bureaus which have complex regulations and specific tasks; clients of such an organization are at the mercy of the massive, impersonal and apparently uncoordinated bureaucracy. In many instances, of course, "the bureaucracy" lives up to its evil reputation; but that is not always the case. In fact, if there are large numbers of clients to be served, and if these clients present a large number of different needs, then it is reasonable for a bureaucracy to exist because a small and uncoordinated group of people cannot meet the many and diverse needs of the clients.

Informal organization is a term social scientists use to identify those interactions and norms which exist in an organization but which are not formally established. The status among workers (old-timers "initiating" newcomers, for example) is an example of this. In a formal organization there are usually a number of informal organizations. We did not include this aspect of organizations in the simulation because it would be too complicated.

There is no clear definition of the term small group in social-science literature. However, there is agreement on distinctions between groups, on the one hand, and aggregates, or collectivities, on the other. Any gathering of two or more people is an aggregate; your class on the first day of school was an aggregate. However, until an aggregate acquires certain characteristics it cannot be considered a group. These characteristics include shared awareness of membership, face-to-face relationships over an extended period of time, and some ability to differentiate group members from others around them.

There are many types of small groups, but two main categories are frequently used to type them: task-oriented and general. An example of the former is the group formed in Version I of the poster contest. An example of the latter is a friendship clique. Most social scientists impose an upper limit on the size of small groups at fifteen or twenty members. Beyond this limit face-to-face personal relations break down and subgroups begin to form; however, it is still true that a larger number of people who identify themselves as a group by the other characteristics is something more than an aggregate. At some undefined size a large group becomes an association, and if it has stated goals and defined roles it is an organization.

These distinctions are not so important as to warrant much study in this unit, but they may be needed if the discussion gets bogged down in terms. For purposes of this set of lessons it is enough if your students recognize the distinction between a small group and a bureaucratic organization.

B. Characteristics of Bureaucracies: Bureaucracies have several defining characteristics. These are described here in terms of features that are simulated in

Version II but not in Version I. The descriptions below thus outline the most important differences between the decision-making processes in the two versions.

1. Division of Labor: A bureaucracy has a number of tasks, and responsibility for them is distributed among a number of positions as official duties. In Version II each participant is assigned a task; the decision-makers as a group have several functions, but each member of the group is responsible for only one or a few of them. In Version I, the judges function as a group; the rules impose no division of labor on them. In Version II each "specialist" could perform his task without any knowledge of what the others were doing, and he might even become an "expert" at it after a few minutes. In Version I the judges have to decide as a group how to assess entries on the basis of originality, neatness, impact and accuracy.

2. Rules and Regulations: A bureaucracy has an established system of rules and regulations. Version II is controlled almost entirely by formal regulations; Version I has no regulations at all. That is, the method to be used in Version II is dictated by the rules of the game--decided in advance and "agreed on" in the sense that all participants agree to abide by the rules of the game--whereas the method to be used in Version I is left entirely up to the judges. Given the task of listing all the risk factors for CHD, it is easy to establish rules for determining who has successfully completed the task. But when the task is to make something original, the job of judging successful entries is different: there is no accepted definition of originality, no agreed-on method of looking at a poster and determining whether it is original.

3. Impersonality and Anonymity: Members of a bureaucracy usually take an impersonal approach in their dealings with clients. In Version II all entries are anonymous*; in Version I the judges know the names of the students who made each poster.

Anonymity in Version II encourages participants to judge the entries solely on the basis of conformity to the standards set for them, and strictly in accordance with the regulations; it discourages "favoritism." In Version I, by contrast, there are no objective criteria and no regulations; the judges are not discouraged from letting personal considerations enter into their deliberations. (In many real informal group decision-making processes, personal considerations must be included. A consultation among physicians on what treatment is appropriate for a patient is one example: the patient's home life, religious principles, life style and so forth may affect the outcome of a given treatment.)

There is also likely to be more impersonality in the relationships among the members of a bureaucracy than among the members of a small, informal group. This difference will probably be evident in the simulations. The participants in Version II have little reason to talk to one another, and if they do have to talk it is only for a particular, narowly defined purpose: to decide whether a particular poster meets a particular criterion, or to decide whether someone should be fired. The participants in Version I, on the other hand, have little to do but talk to one another, and little to talk about except their own personal opinions of the entries. The objective criteria and pervasive rules in Version II make personal relationships among the decision-makers unnecessary. In Version I, however, the subjective nature of the criteria and the absence of an established method makes personal communication among the judges necessary if a conclusion is to be reached.

4. Hierarchy: A bureaucracy has a hierarchical authority structure. In Version II there is a hierarchy with four levels. At the top is the Contest Director; next comes the two divisions, both of whom report to the top; then come two bureaus, who report to one division; and at the bottom are the departments. Furthermore, the Contest Director has the authority to fire some of the other participants. In Version I, by contrast, responsibility is shared equally among all the judges. (Note that the hierarchy in Version II is artificial, since none of the functions is really more important than another and none of the participants better qualified to be in a position of authority. This is a shortcoming of the simulation. Related shortcomings are that participants do not have any opportunity for advancement and that those higher up in the organization do not get greater rewards for participation than those lower down.)

5. Duration and Replaceability: A bureaucracy has a duration which exceeds that of the membership. Any formally defined position in the bureaucracy can be filled by any of several persons, and replacement is possible. In Version II, up to

*Practically speaking, the entries probably are not anonymous; judges probably remember who made which poster. However, the rules in Version II discourage judges from attending to the names of the persons who made any given poster.

six participants may be replaced, with negligible effect on the outcome. In principle, all participants in Version II could be replaced and the outcome would still be the same. The decision-making organization could, in this sense, perpetuate itself through several "generations" of participants. In Version I, on the other hand, replacements are not allowed. If even one of the judges were replaced, it could make a difference in the outcome of the judging; if all were replaced, it would be certain to make a difference in the outcome. Since the method the panel uses is up to the members, a new generation of members could establish an entirely different method of judging the neatness, originality, impact and accuracy of entries. In this sense, the panel of judges does not persist beyond the duration of its original members' incumbency.

C. Objectives and Methods: Bureaucratic organization is suited to the needs of a group that has agreed-on objectives and agreed-on methods of accomplishing its objectives. Informal group processes are better for a group that has agreed-on objectives, but does not have agreed-on methods for accomplishing its objectives. When physicians consult as an informal group on the question of how best to treat a patient, they have an agreed-on objective--to restore the patient to health--but they are not sure what method to use. Informal group processes make the most of individual contributions of personal judgment, of insight based on experience; it is just such contributions which are most valuable in a situation where people know what they want to accomplish, but are not agreed on the best way to accomplish it.

In contrast, when the staff of a hospital gears up to perform an organ transplant, it has not only an agreed-on objective--to get the organ transplanted and functioning in the patient--but also agreed-on methods. What is to be done will have been settled beforehand, probably in small-group discussions among specialists. And there may well be consulting specialists on hand during the operation, in case the plan does not work: the agreed-on methods fail, and new methods must be sought. But barring unforeseen complications, everyone involved in the operation behaves in a strictly bureaucratic fashion. (The operating team may even last longer than its original membership, in the sense that its organization and methods, if successful, may be duplicated by other teams in other parts of the world, with approximately the same results.)

D. Advantages and Disadvantages: The particular features of either process make it advantageous in some situations and disadvantageous in others. The division of tasks among many workers is of course absurd when there are few tasks to be done, particularly if everyone involved knows how to perform all of the tasks; but the division of tasks is highly advantageous if there are many tasks, particularly if they require specialized skills.

Similarly, rules and regulations are useless in unpredictable situations; they are readily discarded in emergencies (excepting, of course, emergencies that have been planned for in advance, such as foreign wars and fire drills). On the other hand, rules and regulations are very useful in predictable situations; and the more people there are in the situation, the greater is the need for rules and regulations to keep them out of one another's way.

Impersonality is harmful to people who have personal, emotional needs, particularly needs that a bureaucracy is not equipped to handle (doesn't have regulations to cover). This is true both of the people inside the bureaucracy, who are expected to operate in an impersonal fashion, and the people outside, the clients, who are anonymous (even when they give their names). On the other hand, impersonality both inside and outside the bureaucracy is fair. Everybody gets treated the same. If the rules are followed, the boss' son doesn't have a better chance of getting a job than does anyone else who is equally qualified: bureaucracy is designed to eliminate nepotism and favoritism, though it can be subverted. Similarly, if the rules are followed, a rich client doesn't get better treatment than a poor one, an ugly one doesn't get put off behind the handsome ones. Everyone gets treated fairly.

The extreme case of impersonality in bureaucracy is the replacement of one or more bureaucrats by a computer. The use of a machine to perform bureaucratic functions increases all the effects of impersonality, the advantages as well as the disadvantages. On the one hand, a machine is incapable of favoritism and corruption. It is also able to apply many objective criteria with more accuracy than a human bureaucrat is capable of. (You might ask students to describe some Biomedical Science laboratory activities in which the BIP is used to make observations, and to compare the BIP's accuracy with the accuracy of the unaided human senses in making the same observations.) On the other hand, a machine is equally incapable of taking into account any special need or unusual circumstance that it has not been programmed to consider. And if it makes a mistake--which it can, on occasion--it is incapable of regret or apology.

Hierarchy has several potential advantages and corresponding disadvantages. If some members of a group are more highly qualified than others in some way, then it is advantageous to the group for them to be in positions of authority. This is the argument used to justify the traditional dominance of physicians over other health workers in health-care delivery. On the other hand, if all members of the group are equally qualified, or if each member is best qualified in some particular field, then hierarchy might be useless or even harmful.

Hierarchy generally provides definite channels for communication, which are useful in a large organization. On the other hand, those at the top may intimidate those lower down to such an extent that the latter are unwilling to communicate openly and honestly in the channels that have been provided.

Hierarchy generally fixes accountability for the whole group's work at the higher levels. This may be an advantage in a group that has to deal with other groups, either groups that are entirely separate or groups that are higher in some overarching bureaucracy (such as higher levels of the federal government). A hierarchically organized group has a spokesman who knows he is spokesman and may even have been selected for his skill in communications; the other members of the group can go about their jobs without worrying about the group's relationships with other groups. However, if a group is accountable only to its own members, there may be no reason to establish a hierarchy and make one or two top people responsible for the group's work; an unnecessary hierarchy in such a situation may be harmful if it leads to dissatisfaction among the lower members, who feel that they are not getting enough "say."

The fact that an individual member can be replaced is advantageous if that member's job still needs to be performed; without a replacement, the whole organization might collapse. But from the point of view of the individual in the bureaucracy, the fact that he can be relatively easily replaced, together with the impersonality that prevails in the bureaucracy, may make him feel like a cog in a wheel.

LESSON 22: DEFINING AN AREA FOR INVESTIGATION

SYNOPSIS:

The purpose of this lesson is to serve as a transition from the preceding lessons on decision-making to lessons on political processes that influence health care. In this lesson, a discussion begins with this transition point, then moves to a consideration of ways of determining whether people are satisfied with the health care they receive.

Note: Lessons 2 through 6 of Unit I are useful background for Lessons 22-25.

OBJECTIVES:

The student will identify categories of questions that can be used in analyzing opinions about health care.

STUDENT TEXT:

Decision-Making about Health Care (for discussion in class)

Designing and Using a Questionnaire (Unit I Student Text, pp. 4-6, for reference in class)

SUGGESTED TEACHING PROCEDURES:

[Read "Decision-Making about Health Care."]

A. Discussion of Reading Assignment: Use the first part of the period to review the reading and to provide a transition from previous lessons to the ones that follow. This part of the discussion should conclude with a question such as, "How could you tell whether Americans are generally satisfied (or dissatisfied with health care and the way it is allocated?"

[Review "Designing and Using a Questionnaire," Unit I Student Text, pp. 4-6.]

B. Preparation for Questionnaire Construction: A discussion should be conducted in which students specify the questions they want answered with regard to measuring satisfaction with health care. You are the best judge of how to structure the discussion. Students should specify the general questions they have, then categorize them. The categories may also reflect variables the students wish to compare and should be conducive to the development of a questionnaire. Some categories that can be useful are:

1. information about the respondents (sex, age, occupation, amount and kinds of health insurance carried, amount and kinds of health care received and how long ago, etc);

2. opinions about the quality of health care received;

3. opinions about the cost of health care received;

4. suggestions for possible changes in health-care delivery.

ASSIGNMENT:

Note: Students may find it helpful to refer to "Designing and Using a Questionnaire," Unit I Student Text, pp. 4-6, in completing this assignment.

The assignment is to begin the task of writing items for a questionnaire. You may wish to divide this task, grouping students and assigning each group questions from one of the categories developed for the class discussion.If you do this, groups can meet during the next class session to produce a set of questions for each category. If your class is not interested in group work at this time, students can be assigned to develop as many questions as they wish, and the next class session will be used to refine questions and eliminate undesirable and redundant questions. Students should be encouraged to develop "closed" questions (described in the reading in Unit I) so that tabulation and comparison of variables will be easier.

LESSON 23: SELECTING QUESTIONNAIRE ITEMS

SYNOPSIS:

In this lesson students will select items for inclusion in a questionnaire. This can be done in groups or through a full-class discussion. Items are selected from the results of the previous assignment, and may be refined through discussion.

OBJECTIVES:

The student will:

- provide at least one item appropriate for a questionnaire measuring opinions about health care in the United States.

- suggest ways to reword unclear questionnaire items.

STUDENT TEXT:

Designing and Using a Questionnaire (Unit I Student Text, pp. 4-6, for reference in class)

SUGGESTED TEACHING PROCEDURES:

A. Group Work: (If you have not assigned students to groups, follow the suggestions in Part B, below.) Each group should have time to discuss the results of the assignment and to prepare a group list of questionnaire items. The task of each group is to present to the rest of the class the group's final suggestions for items to be included on the questionnaire. To facilitate discussion of group results, a representative of each group should write on the chalkboard the items the group wants included. Be certain that there is adequate time for the entire class to react to the results of each group. (More than one day may be needed to complete the development of questionnaire items.)

B. Full-Class Discussion: Although this method may take more time than group work, it allows individual students to present and defend the items they prefer. This process can lead to unproductive discussion, but classes that do not enjoy group work will have no alternative. The point of the discussion is to select questionnaire items that most students consider appropriate. (Like the group-work option, this may take more than one class period.)

When the items have been selected, tell the class that you will have copies of the questionnaire ready for the next class session. Although there is no specific assignment, students should think about which items relate to which variables and how they want to treat the raw data they will obtain. Further, they should consider the data source (Whom will they interview?). Finally, if the class has included "open" questions, they should consider what they will do with the responses to them, which may be difficult to tabulate.

Note: At this point--the end of the second lesson of this sequence--you should have a complete questionnaire in rough-draft form. In preparation for the next lesson you will need to make a clean master copy of the questionnaire and to reproduce copies for students to use in interviewing. IF THERE ARE ANY "OPEN" QUESTIONS, PUT THEM ON A SEPARATE SHEET FROM THE "CLOSED" QUESTIONS. THIS ARRANGEMENT WILL GREATLY FACILITATE DATA TABULATION.

At this point you cannot know how many persons each student will interview. Probably no student will have time to interview more than five persons, so you should reproduce five times as many questionnaires as there are students enrolled in your class. (Extra copies will be used in tabulation.) You may also wish to prepare a cover letter similar to the one shown below if you think it will be necessary in your community.

ASSIGNMENT:

[Read "Drawing a Sample" and "How To Interview."]

Students should read "Drawing a Sample" and "How To Interview" in the Student

Text. They should also review Biomedical Mathematics Unit II Student Text, Section 23, for a discussion of the concept of randomness.

SUGGESTED FORM FOR COVER LETTER (REVISE TO FIT YOUR SITUATION):

To Whom It May Concern:

The Biomedical class at _____High School is currently studying the health care system in the United States. As part of that study, we want to know how members of the _____community feel about the health care they have received. In order to find out, students are interviewing members of the community.

All information obtained through these interviews will remain anonymous. The class is interested only in aggregate date, not in data from individuals or individual families. The questions included in the questionnaire have been developed by the students under my supervision. The resulting aggregate data will be used only in Biomedical classes, although very general results may be made available in the community.

I would appreciate your cooperation in completing this project. If you have any questions, don't hesitate to contact me. If you have objections, feel free to tell the students that you do not wish to participate in the research.

Sincerely,

LESSON 24: SAMPLING AND PLANNING FOR DATA ANALYSIS

SYNOPSIS:

In this lesson students determine which types of respondents they will interview and how they will use the data they obtain. Both determinations are made in a class discussion.

OBJECTIVES:

The student will:

- select appropriate populations to survey in seeking opinions of Americans regarding health care.
- demonstrate a knowledge of the concept of random sampling by suggesting appropriate means for drawing a sample from a selected population.
- suggest appropriate comparisons of variables for purposes of determining answers to questions about health-care delivery.

SUPPLIES:

Questionnaires (five copies for each student prepared in advance from the results of the previous lessons)

Alphabetical list of all teachers in the school

STUDENT TEXT:

(All items listed are for reference in class.)

Drawing a Sample

How to Interview

Introduction to Statistics (Biomedical Mathematics Unit II Student Text, Section 23-1)

Randomness (Biomedical Mathematics Unit II Student Text, Section 23-2)

SUGGESTED TEACHING PROCEDURES:

[Read "Introduction to Statistics" and "Randomness," Biomedical Mathematics Unit II Student Text, sections 23-1 and 23-2.]

A. Determining the Populations To Be Sampled: The concept of randomness was introduced in Unit II, Section 23, of Biomedical Mathematics. In Unit I of Biomedical Social Science, students interviewed respondents but made no attempt to secure a random sample. You may decide that students should again avoid drawing a random sample if you believe that the process will be too time-consuming or that your students are not prepared for it. However, the information given in the reading "Drawing a Sample" should prepare you and the students to draw a sample successfully. That reading suggests several populations from which random samples may be obtained. In this discussion, students should suggest which populations they wish to sample and draw a sample for interviewing. Use your own judgment to ensure that students do not select overly ambitious plans for sampling.

Note: If this is not the first time the Biomedical curriculum is being taught in your school, your colleague teaching Biomedical Science can program the breadboard computer to draw a random sample from a population of any given size. Although students will not become familiar with the breadboard computer until next year, the Science instructor can explain to them how to use it now for sampling purposes.

The breadboard computer can be used to generate a list of numbers in random order. This random-number list can then be used to select names from a list on which each name has been assigned a number. For example, if a sample of thirty names is desired, the first thirty numbers on the random-number list will identify the thirty names to be selected.

Depending on the length of the questionnaire, it is reasonable to assume that each student can complete three interviews, especially if one of the resondents is a member of his or her own family. Some students may be able to complete as many as five interviews. Therefore, if students select two populations for comparison, such as "parents of Biomedical students" and "teachers at _____ High School," some students can be expected to interview three or more teachers while others with less time can confine their efforts to their families.

If a population such as teachers is selected for sampling, you may need to allocate an extra day for this activity so that students can have time to contact their respondents.

B. Preparing for Data Tabulation: Page 3 of the Student Text for Unit I shows some ways in which data can be organized. Deciding in advance which variables will be used for comparison of populations will help students determine which populations they wish to include in their interviews. For example, if students are interested in knowing whether teachers are more satisfied with their health care than are students, they will see the obvious need to interview students and teachers. If you ask students what they intend to compare and why, they will be better able to identify the populations they should interview.

If time permits, tally sheets can be prepared before the data are collected. The tally sheets will make clear to the students that they need answers to specific questions from specific populations.

Note: If students decide to draw a random sample, be certain to allow time for this activity.

C. Drawing a Sample: Actual procedures for drawing a sample are discussed in the reading "Drawing a Sample," in the Student Text. If teachers are included as one population, you will need an alphabetical list of all teachers in the school. If you have a list of all students in your school, and it is not too cumbersome, you might use it as well. However, other ways of selecting a sample of students are suggested in the reading.

ASSIGNMENT:

Each student should leave today's class with sufficient questionnaires and a list of persons he is to interview. Results will be tailled in the next lesson.

LESSON 25: GENERALIZING FROM THE SURVEY

SYNOPSIS:

Students tally the results of the survey according to the variables and populations being compared. Students then generalize from these results and state conclusions regarding attitudes in their community about health-care delivery.

OBJECTIVE:

The student will demonstrate his ability to interpret data by providing at least one generalization that is supported by questionnaire results.

SUPPLIES:

Tally sheets, which may have been designed in the preceding lesson

Raw data from interviews

SUGGESTED TEACHING PROCEDURES:

A. Reflecting on the Interviews: This is the least important aspect of the lesson. However, students will want to discuss some of their experiences. They can talk about what they did with respondents who would not cooperate or who insisted on giving answers different from the closed responses requested, and about how they recorded responses to "open" items.

B. Tallying the Results: You may want to divide the class into groups and ask each group to tally the results of a particular set of questions. Or you may want to display tally sheets with an overhead or on the chalkboard, and have students report responses with a show of hands. You should obtain all results as quickly as possible, so that students can look them over and determine what conclusions can be reached. If a large number of responses was obtained, conversion to percentages will make for easier interpretation of results.

C. Generalizing from the Data: This is the most important part of the lesson. A good generalization is one that is supported by data; caution students that their generalizations are applicable only to the populations which they sampled, or of which they interviewed all or nearly all members. Lesson 6 in Unit I suggests additional ways of seeking generalizations. Students should be encouraged to return to the data whenever a student's generalization is questioned. Hence it is important to keep the data in full view of the class. Finally, ask students whether they think data on their community would accurately reflect national data--that is, whether most people in the nation have the same opinions about health care.

ASSIGNMENT:

Read "Health Care Costs in the United States" and examine the tables and figures titled "Some Data on the Health Care System, 1950-1970"]

Students should read "Health Care Costs in the United States." The data and graphs included under the title "Some Data on the Health Care System, 1950-1970" are supplementary and are included for reference.

LESSON 26: HEALTH EXPENDITURES IN THE UNITED STATES

SYNOPSIS:

There are two items for discussion in this lesson. First, students examine some data on the increase in health-care expenditures, including the effects of inflation. They then consider several possible ways of reducing health-care expenditures.

OBJECTIVES:

The student will:

- provide at least one generalization about trends in health-care expenditures since 1950.
- identify the effects of inflation on health-care expenditures.
- propose at least one way of reducing health-care expenditures.
- describe value conflicts and practical problems that may be involved in the implementation of proposed remedies.

STUDENT TEXT:

Health-Care Costs in the United States (for discussion in class)

Some Data on the Health Care System, 1950-1970 (supplementary tables and figures, for reference purposes)

SUGGESTED TEACHING PROCEDURES:

A. Increase in Health-Care Expenditures: Introduce and briefly discuss the data presented below. It is suggested that you reproduce the table on the chalkboard or project it with an overhead. Expenditures are in millions of dollars.

U.S. HEALTH-CARE EXPENDITURES ($ Millions)

TYPE OF EXPENDITURE	YEAR		
	1950	1960	1970
Total	$12,027	$25,856	$69,201
Private Expenditures[1]	8,962	19,461	43,964
Public Expenditures[2]	3,065	6,395	25,237
Percent of Total	25.5%	24.7%	36.5%

[1] Private Expenditures: Includes consumers' expenditures, private insurance companies' expenditures, and private individuals' and corporations' expenditures for medical research and construction of medical facilities.

[2] Public Expenditures: Includes all governmental expenditures for insurance programs; disability, welfare, military, and school health programs; and research and construction of medical facilities.

In discussing the table, ask the class for generalizations about (1) the amount of total health-care expenditures, (2) the amount of private expenditures, (3) the amount of public expenditures and (4) the percentage of total expenditures covered by public expenditures.

Students should be able to make the following generalizations about the twenty-year period 1950-1970 from the table above.

1. Total health care expenditures increased more than five times (the factor is 5.7).

2. Private expenditures increased nearly five times (the factor is 4.8).

3. Public expenditures increased about eight times (the factor is 8.2).

4. The proportion of total expenditures covered by public expenditures increased by almost half (from 25.5% to 36.5%).

B. The Effects of Inflation: When some or all of these generalizations have been made, display this second table and ask students how they account for the differences. (The term "constant dollars" is an important clue.)

U.S. HEALTH-CARE EXPENDITURES EXPRESSED
IN CONSTANT DOLLARS ($ Millions)

TYPE OF EXPENDITURE	YEAR				
	1950	1960	% change 1950-60	1970	% change 1960-70
Total	22,397	32,688	46%	57,381	76%
Private Expenditures	16,689	24,603	47%	36,454	48%
Public Expenditures	5,708	8,085	42%	20,926	158%
Percent of Total	25.5%	24.7%	--	36.5%	--

A comparison of the two tables reveals some obvious differences. The second table yields more information: students can see the percentage increases over ten-year periods. If students take time to figure the percentage increases in the first table, they will see how the use of constant dollars in the second table affects these data. More obvious is the fact that the figures are higher for 1950 and 1960, and lower for 1970, than those in the first table. (This is true because the Consumer Price Index is based upon a value of $1 for 1967 dollars, but this information may be too confusing to introduce here.) Students can see that, when constant dollars are used, the total health-care expenditures increased by about ten million dollars between 1950 and 1960, and about 25 million during the next decade.

At this point students may wonder what is meant by the term "constant dollars." This is the point to introduce the concept of inflation and to point to its effect throughout the table. Discuss this according to your own best judgment, using the data to illustrate the concept. (Note that inflation and the use of constant dollars were mentioned in the reading "Health-Care Costs in the United States.") Students should also see that the generalizations they made about health-care expenditures, based on unconverted dollar amounts, are now false; new generalizations about the twenty-year period are now possible, and should be encouraged.

1. Total health-care expenditures increased more than two and one-half times (the factor is 2.6).

2. Private expenditures doubled (the factor is 2.2).

3. Public expenditures increased almost four times (the factor is 3.7).

4. The generalization about proportions remains the same.

C. Causes of the Increase in Expenditures: As described in the homework reading, the causes of the increase are those outlined on the following page.

1. Increase in usage: more services demanded per person.

2. Increases in prices.

   a. Increases in hospital prices due to:

      (1) Improving services.

      (2) Increasing wages.

   b. Increases in doctors' prices.

   c. Increases in insurance coverage.

The remainder of the class period and the next period, if necessary, should be spent on discussion of this information. (You may wish first to quiz students on the content of the reading, using the above information as a guide.)

C. Ways of Reducing Expenditures: Whether you quiz the students or not, the rest of the period should be devoted to discussion of the possibility of reducing health expenditures. Ask which of the above sources of increasing health care expenditures could be altered so as to reduce expenditures. Practically any proposal that may be offered will be controversial; the discussion should be devoted to sorting out the conflicting values involved in these controversies, and to deciding which changes are "practical" and which are "pie in the sky." For example, the first source of increase (increasing usage) could be remedied by rationing health care, but that would not be easy to do; discuss the reasons it would not be easy, and try to arrive at a class consensus about (1) whether it would be possible to apply this remedy and (2) whether it would be right to do so.

Discuss the sources of increase one at a time. Students should be encouraged first to suggest ways in which the situation could, theoretically, be changed (e.g., "ration health care"), and then to analyze each suggestion from the viewpoint of values and from the viewpoint of practicality. The issues and problems involved with each suggestion will be different. It will be better to conduct a thorough discussion of one or two sources of the increase in expenditures than to try to discuss them all summarily.

ASSIGNMENT:

[Read "Market Forces and the Health-Care System."]

Assign the reading "Market Forces and the Health-Care System," in the Student Text.

LESSON 27: THE HEALTH-CARE MARKET

SYNOPSIS:

In this lesson students discuss the homework reading on market forces and the health-care system.

OBJECTIVES:

The student will:

- give examples of the operation of supply and demand in a simple market.
- give examples of the peculiarities of the interaction of supply and demand in the health-care market.

STUDENT TEXT:

Market Forces and the Health-Care System (for discussion)

Some Questions about the Cost of Health-Care Delivery (homework reading)

SUGGESTED TEACHING PROCEDURES:

A. Supply and Demand: The first part of the discussion should be devoted to the concepts of market supply and demand. Students should understand that most markets are more complicated than the bowling-alley market described in the reading. At the same time, however, they should be aware that supply and demand have an important influence on the availability and price of practically any product. Spend as much time as you think necessary discussing real or imaginary markets that illustrate various events. You might ask students to describe examples of market situations such as the following.

1. The supply of a product is much greater than the demand for it because there are too many businesses selling it. What will happen? (Any simple industry may serve as an example: there are too many hot dog stands, too many laundries, too many theaters or whatever; not all of them can stay in business because there are not enough customers; some of them will go out of business.)

2. There is a steady increase in demand for a product because more and more people have money to spend on it, but it is impossible to increase the supply. What will happen? (Students may have trouble thinking of a product whose supply cannot be increased, but there are a few examples--antiques, World Series tickets, classic paintings, first editions of old books and the like. The consequence of steadily increasing demand in such a market is steadily increasing prices.)

3. Due to technological innovation there is a steadily increasing supply of a product, but the demand does not increase because people are already using as much of the product as they can. What will happen? (There is a "ceiling" on demand for some products, such as food: people can eat only so much. If there were a steadily increasing supply of food and everyone were well fed, food prices would go down. Some sellers--probably growers and processors--would go out of business.)

4. There is a steady decrease in the supply of a product because it is a limited, non-renewable natural resource, but there is a steady increase in the demand for the product. What will happen? (Prices will go up.)

5. There is a steady decline in the demand for a product because people no longer want it or have found a substitute they like better. What will happen? (Prices will go down and some sellers will go out of business. Buggy-whips and hula hoops are examples. Note that supplier may simply stop manufacturing hula hoops and start manufacturing some other product for which there is increasing demand. From the point of view of the hula-hoop market, however, sellers are still leaving the market.)

B. Market Forces in the Health-Care System: The market for health care is distinguished from most other markets by its higher rate of increase in prices. Students should be aware that this is the case, and they should be asked to explain, as well as they can, why it is the case.

1. Why Health-Care Expenditures Are Rising: The reading "Health-Care Costs in the United States," in the Student Text, was discussed in Lesson 26. This reading describes several possible reasons for the increase in health expenditures without going into the question of supply and demand in any detail. Review the explanations of increasing costs given in the reading and ask students how these explanations relate to supply and demand.

a. Usage of health services is increasing. (Demand is increasing).

b. Hospital prices are increasing due to improvements in services. (People are willing to pay for telephones, television sets and so forth, so hospitals supply these things. There is a demand for these things--in addition to the demand for the hospitals' medical services--and the hospitals are meeting the demand with a steady supply of telephones and television sets.)

c. Hospital prices are increasing due to increasing wages. (Increasing wages are partly explained by inflation, but also partly explained by the increasingly highly trained employees who work in hospitals. The services of these employees are a "product" that is in short supply; consumers are willing to pay these people--through their employers, the hospitals--for their services, and since demand is high and the supply is low the price is high.)

d. Doctors' prices are increasing. (As students saw in the table and graphs entitled "Some Data on the Health-Care System, 1950-1970," in the Student Text, the supply of doctors per 100,000 population has actually been slowly increasing. But the demand has been increasing faster than the supply, and this accounts for a large part of the increase in prices. The lack of competition among doctors also accounts for some of it: people do not shop around for an inexpensive doctor, they shop around for a good doctor--if they shop around at all.

e. Insurance coverage is increasing. (This fact helps to account for the increase in demand for services. Health insurance is not free. People pay for it. However, it's often true that the payments are not obvious. For example, an employer may pay part or all of the fee for insurance for the employees, taking advantage of a group rate. Rather than pay each employee more money, the employer uses the money to purchase health insurance. Any time insurance is provided, money for premiums must come from some source. Because people with health insurance do not pay directly for the health care they receive, they are often more willing to seek health-care services. Even those persons who buy their own health insurance directly may act this way. They have already paid for the insurance, and they know it provides services. So they may seek a physical examination more often, or visit their dentist more regularly than they would if they had to pay for each individual visit. That is, they demand more health care.)

2. Peculiar Market Forces: Spend as much time as you think necessary questioning students about the reading "Market Forces and the Health-Care System," using questions such as the following. Ask for examples to illustrate students' answers.

a. Why is there little competition in the health-care market?

b. Why does indirect payment increase the demand for health care?

C. Health Care as a Scarce Resource: Conclude with the observation that health care is a "product" for which the demand is increasing faster than the supply. There are more people willing to pay more money for more services all the time. In such a situation as this, it is necessary to allocate the available services in some fashion. Ask students to consider two questions: How are scarce products allocated in most markets? How is health care allocated?

ASSIGNMENT:

[Read "Some Questions about the Cost of Health-Care Delivery."]

Students should read "Some Questions about the Cost of Health-Care Delivery," in the Student Text. This is a very short reading, but students are also expected to gather whatever evidence they can to support any positions they may take on the questions. Students should think about all of the questions, but seek information on only one or two of them.

LESSON 28: CONTROVERSIAL QUESTIONS ABOUT HEALTH-CARE EXPENDITURES

SYNOPSIS:

The Student Text raises six questions (and sub-questions for each) that are used as the basis for a discussion. Each question has a value component, and each can raise other issues about health-care delivery. A consideration of these issues should assist students in evaluating alternative health-care proposals in the remaining lessons of the unit.

OBJECTIVES:

The student will:

- state a position on one (or more) issues in health-care delivery and provide grounds (facts and value statements) to support that position.
- evaluate other positions on the same issue, comparing his grounds with those presented by other students.
- state at least one value principle that supports his position on an issue and determine whether he holds that principle consistently.

STUDENT TEXT:

Some Questions about the Cost of Health Care Delivery (for discussion in class)

A Proposed Change in the Allocation of Health-Care Resources (homework reading)

An Alternative Proposal for Health Care (homework reading)

SUGGESTED TEACHING PROCEDURES:

The six topics in the Student Text are posed as questions because each topic is controversial. Controversy is essential to a social-studies classroom, just as it is to a society. There are no "right answers" to these questions; students should see that there are differing points of view. Conduct the discussion as you think best. You may want to limit it to one or two questions, or you may want to assign a group of students to each question. Questions 5 and 6 are especially important because they raise more general isses that should be considered in the plans that students will develop in Lessons 32-35. However, questions 1-4 are also related to these plans, and should be discussed if time allows.

ASSIGNMENT:

[Read "A Proposed Change in the Allocation of Health-Care Resources" and "An Alternative Proposal for Health Care."]

Assign the readings "A Proposed Change in the Allocation of Health Care Resources" and "An Alternative Proposal for Health Care" in the Student Text. Note that this is a very long reading assignment, and is intended to be discussed over two class periods. You may wish to assign one reading per night, and discuss each in turn. Or you may wish to assign one reading to half of the class and the other reading to the other half. Students will then be able to explain to each other (as the discussion progresses) the differences between the two. If you select either of these options, the suggestions for discussion will need to be altered accordingly.

LESSONS 29 and 30: ALTERNATIVE HEALTH-CARE PROPOSALS

SYMOPSIS:

Students discuss value conflicts and practical problems suggested by two alternative health-care proposals presented in homework readings. The proposals represent extremes of government involvement and government non-involvement in the national health-care system. The discussion is preparatory to a role-playing activity in Lessons 32-35.

OBJECTIVES:

The student will:

- identify three or more value conflicts that may arise in consideration of national health-care plans.
- formulate his or her own position on value questions raised in class.
- identify one or more practical problems that may arise in attempts to adopt a national health-care plan.

STUDENT TEXT:

A Proposed Change in the Allocation of Health-Care Resources (for discussion in class)

An Alternative Proposal for Health Care (for discussion in class)

Interest Groups and Politicians: Practical Politics (homework assignment)

SUGGESTED TEACHING PROCEDURES:

A. General Responses to the Proposals: Begin the first day of this sequence by asking for students' general responses to the proposals described in the two homework readings. Two questions were presented at the beginning of each reading: whether the proposal could be adopted and whether the proposal should be adopted. Begin with these questions, discussing each proposal separately and asking students to provide reasons for their answers. The students' answers, and the reasons they provide, will give you an initial indication of (1) how much the students know about the practical political difficulties of getting any national health-care proposal adopted and (2) what value principles the students believe are applicable to the question of how the nation's health-care resources should be allocated. These two general topics--the practical problems and the value conflicts involved in adopting a national health-care proposal--are the theme of the remainder of this unit.

Note that the two proposals represent diametrically opposed answers to the question, "Is health care a right of every American citizen?" The first proposal answers "Yes" and outlines a program (one of an infinite number of possible programs) which would place health care entirely under governmental control and would seek to ensure that all citizens had equal access to health care. The second proposal answers "No" and outlines a program that would remove government entirely from involvement in health care, leaving the allocation of health care to be determined exclusively by market forces.

This question, whether health care is a right, is at the center of any discussion of national health-care plans. The two proposals present the extreme answers. Although this is not the only difference between the two proposals, it is the central difference. If students have not discovered it for themselves, you should bring it up during this first phase of the discussion.

B. Questions of Value: We recommend that you thoroughly explore the value principles that students advance in response to these proposals before you begin a thorough exploration of the practical problems they mention. There are two reasons for adopting this approach. One is that, if students begin by deciding that neither proposal could be adopted, they will have difficulty maintaining interest in the question whether either proposal should be adopted. The other reason is that the question of practical problems will provide a better lead into the following lesson, which concentrates on some practical features of national politics.

There are two general ways in which the discussion of values can be organized. One is to discuss first one proposal and then the other, and within each proposal to discuss one section at a time. The other is to discuss one at a time the value statements students have already made in the opening phase of discussion, and to identify the sections of either proposal which appear either to support or to oppose each value statement.

No matter which way you organize the discussion, you should encourage the students to reduce their value statements to value principles, and keep a record of the value principles that emerge. In the role-playing of a Congressional hearing in Lessons 31-35, students will be asked to adopt particular value principles, which they will support during the role-playing. The present discussion will provide them with a list of value principles from which to choose.

The following is a list of questions, the answers to which will be value statements, all of which are answered one way or another in the proposals. Note that each proposal gives an answer to each question; what your students should attempt to do is (1) to identify the answer provided by each proposal and (2) to determine the answers they themselves would give, on the basis of their own value principles.

1. Should the allocation of health care be controlled by health-care providers or by ordinary citizens?

2. Should the allocation of health care be controlled by one segment of society (i.e., health-care providers) or by a body representative of the society as a whole?

3. Should the allocation of health care be controlled at all, or should it be left alone, to be determined by the market forces of supply and demand?

4. Should preference be given to one segment of society over another in the allocation of health care? (Allocation by market forces favors the rich at the expense of the poor. Controlled allocation might determine that the scarcest resources, such as transplantable organs, be reserved for individuals whom the controllers judge most deserving or most likely to benefit society as a whole.)

5. Should the cost of health care be shared so that all citizens "feel the pinch" to the same degree? (Such sharing can be ensured only with controlled allocation.)

6. Should more money be spent on prevention of disease and less on curing disease?

7. Should more money be spent on research and less on actual treatment?

8. Should health-care providers be free to choose the particular career in which they will work? (Such "choices" are subject to market determination: other things being approximately equal, people tend to choose those careers which pay better if they have a choice at all.)

9. Should health-care providers be encouraged or forced to enter careers which some controllers judge will most benefit society? (Note that encouraging them is one thing, forcing them another.)

10. Should the operation of health research, education, training and delivery facilities be left up to the persons who work in them, or should such facilities be inspected and accredited (or turned down), and thus controlled, by some governmental agency?

11. Should the right to practice in health careers be subject to testing and licensing by governmental agencies, or should it be an unlimited right?

12. Should the manufacture, distribution and use of drugs useful in health care be matters of individual choice, or should they be controlled by governmental agencies?

13. Should government directly provide health care (e.g., to the poor), public-health services (e.g., control of pollution) or health insurance (e.g.,

Medicare), or should these products be left for private enterprise to provide? (Note that this question has several parts, to which students may wish to give separate answers.)

14. Should all health research, education, training and delivery facilities be operated as taxable, profit-making businesses controlled by market forces, or should some (or all) of them operate as non-profit, non-taxable enterprises with some degree of financial support from government?

C. Practical Problems: The discussion of practical problems, like the discussion of value problems, can be organized in either of two ways: You can organize the discussion around the readings, discussing the practical obstacles to each section of each proposal in turn, or you can organize the discussion around the list of practical problems that the students generated during the opening phase of the discussion. As in the discussion of value problems, students should be asked to give reasons for their answers; the discussion of the reasons will point the way to the question how a national health-care plan could be adopted, who would be involved in making the decision and what considerations would affect the outcome.

Both the proposals the students have read about are hopeless from the practical point of view because they are extremes; they represent radical departures from the way things are done at the present time. Students will probably be able to make this judgment on their own. What may be more difficult for them is to answer the question, "Why?" Why is it difficult to make a large change in American society in a short time? The answer is, of course, too complex for detailed consideration in one lesson. However, students should be exposed to two general answers to this question, which are outlined below and which will be explored in somewhat more detail in the remaining lessons of the unit.

1. Representative Government: If any national health-care proposal were to be put into effect, it would be done by law. That is, if the proposal were adopted, it would be adopted by the federal government, i.e., by Congress and the President, subject to determination of its Constitutionality by the federal courts. Neither the Congress nor the President is frequently willing to enact any proposal which, in the judgment of the politicans involved, is likely to be unpopular with the voters. The courts, too, are responsive to public opinion to the extent that they refrain from ordering things done which they know will not be done because of public opposition; however, since federal judges are appointed and serve on good behavior, rather than being elected to fixed terms in office, they are often more independent of public opinion than are the elected officials in the other two branches of government.

From this point of view, the question of practicality is as follows: Would a politician in office who supported this proposal risk being thrown out of office at the next election because of the stand he took? How a politician goes about answering this question will be explored in somewhat more detail in the next lesson. In general, however, it is fair to observe that the politician may be unwilling to support a proposal which he thinks his constituents will not like. If the present arrangement seems to be satisfactory with the voters, that is one argument against any new arrangement. However, if the present arrangement is unsatisfactory with the voters, then some alternative proposal may be desirable to the voters and therefore to the politician who wants his actions in government to reflect the views of his constituents. That politican's problem, in that case, is to try to determine which proposal (of an infinite number of possible proposals) would best please his constituents. Only if his constituents are very unhappy with the present arrangement is that politician likely to support a proposal that is very different from the present arrangement.

2. Interest Groups: The adoption of a national health-care plan would depend not only on the voters (as individuals) and the politicians in office, but also on a number of organizations which (1) have an interest in either maintaining the present arrangement or changing it and (2) have ways of influencing both the opinions of the voters and the actions of the politicians. How interest groups go about influencing voters and politicians will be discussed in somewhat more detail in the next lesson. In general, however, students should be aware that if enough interest groups, with enough influence on voters and politicians, are opposed to a new plan, the plan will not have much chance of being adopted. On the other hand, if enough interest groups are dissatisfied with the present arrangement it is likely that some alternative proposal will be adopted; and if enough interest groups favor one

particular alternative proposal, then the support of those interest groups will give that proposal a competitive edge over other proposals.

As the class discusses the two proposals they have read, they should try to think of answers to the following two questions: (1) Would a majority of American voters be in favor of this section of this proposal (and why or why not)? (2) What interest groups would favor this section and what groups would oppose it (and why)? In discussing interest groups, students should try to judge whether each interest group has an interest in maintaining the present arrangement (because the group's members are making good money, because they are getting good health care, because they are carrying a disproportionately small share of the cost of health care or because they are making a profit on the present arrangement) or has an interest in getting rid of the present arrangement (for the opposite reasons). They should also consider whether each interest group would support or oppose each of the two proposals, for the same kinds of reasons (members' incomes would rise or fall, quality of members' health care would rise or fall, cost to members of health care would rise or fall, members' profits from health care would rise or fall). Among the types of interest groups that students might consider are the following. (Note that in the role-playing of Congressional hearings some students will be playing the roles of interest-group representatives. For that reason, students should take notes on the discussion of interest groups' reasons for opposing or supporting particular ways of allocating health care.)

GROUP	MEMBERS
Welfare-rights organizations	Welfare recipients, who generally do not have access to health care unless it is paid for by government or philanthropic organizations.
Labor unions	Workers, many of whom have health insurance that is partly or completely paid for by their employers under the terms of contracts between employers and unions.
Racial or ethnic groups	Individuals who belong to racial or ethnic minorities, who may be discriminated against in education and employment and may therefore have difficulty paying for health care, and who may have restricted access to health careers or to health-care facilities.
Consumer groups	Individuals who believe that their rights as buyers (of health care and other products) are not sufficiently protected against the power of the sellers to control the quality, price and allocation of the products.
Senior citizens' and handicapped persons' groups	Individuals who have greater than average need for health care and who may be discriminated against in employment and may therefore have difficulty paying for the health care they need.
Women's groups	Individuals who do not believe that the present arrangement gives women access to the amount or kind of health care they need.
Health care providers professional associations	Individual doctors, nurses, dentists, etc., who want to protect (among other things) their jobs, their level of income and the quality of work done by people in their various careers.
Hospital associations	Hospitals, which want to protect (in varying combinations) their businesses, their profits, their employees and their patients.
Business associations	Large and small, privately owned businesses, which pay directly for health insurance for many employees and which also pay taxes to support government programs.
Insurance associations	Insurance companies, which make a profit by taking in more money in premiums (from individuals, businesses or government) than they pay out in benefits.

ASSIGNMENT:

[Read "Interest Groups and Politicians: Practical Politics."]

Assign the reading "Interest Groups and Politicians: Practical Politics" in the Student Text.

LESSON 31: INTEREST GROUPS AND POLITICIANS

SYNOPSIS:

Students discuss the roles of interest groups and politicians in formulating and adopting national health-care proposals. The discussion is based on a homework reading.

OBJECTIVES:

The student will:

- describe two or more ways in which a politician in office might resolve a conflict between his responsibility to his constituents and his responsibility to the nation.
- describe the role of interest groups in influencing the views of voters and the actions of politicians in office.
- describe the possible interests of consumer, provider, employer and insurance interest groups in relation to national health-care legislation.

STUDENT TEXT:

Interest Groups and Politicians: Practical Politics (for discussion in class)

Hearings on Health-Care Proposals (homework reading)

Instructions: Sponsors of Legislation (homework reading)

Instructions: Subcommittee Members (homework reading)

Instructions: Interest Groups (homework reading)

Checklist: Things To Look For in a Health-Care Proposal (homework reading)

SUGGESTED TEACHING PROCEDURES:

A. Review of the Homework Reading: Review the facts given in the reading "Interest Groups and Politicians: Practical Politics," in the Student Text. The main points are as follows.

1. A politician in government may find that there is a conflict between what he thinks is in the best interest of the country, and what his constituents want.

2. Some politicians consider the obligation to do what is in the interest of the nation more important, some consider the obligation to reflect the views of their constituents more important.

3. A politician who goes against the views of his constituents may risk losing his job at the next election on account of his stand.

4. An interest group represents the particular interests of some people or organizations that have something in common.

5. An interest group exists partly to persuade government to do what is in its interest and not to do what is not in its interest.

6. An interest group affects voters through direct advertising and indirectly, by buying advertising for ballot measures and politicians.

7. An interest group affects politicians by contributing to their campaign funds and by providing them with information.

8. A politician who relies on interest groups for information risks getting an incomplete picture of the issue, and risks getting a picture that favors wealthy interest groups over poor interest groups and over the interests of individuals, groups and organizations that do not have lobbyists.

B. Review of Practical Problems with Health-Care Proposals: The remainder of the lesson should be devoted to a discussion that (1) reviews what has been discussed already about the positions of various interest groups on national health-care proposals and (2) prepares students for the upcoming activity in which some will play the roles of members of Congress and some will play the roles of representatives of interest groups. For example, you might discuss one type of interest group at a time (from the list at the end of the preceding lesson), asking students what sort of provisions in a national health-care proposal each group is likely to support, and what sort of provisions it is likely to oppose. You might ask for further speculation based on the homework reading: What sort of direct advertising might this group buy? What sort of ballot measures might it pay to advertise? What kinds of information might its lobbyists bring to members of Congress?

Finally, you might raise the question whether there is any relationship between the interests of each particular type of interest group and the interests of the nation as a whole. Note that the answers to this question will be value statements. In thinking about answers to this question, students should consider the value statements and value principles they have already discussed in connection with national health-care proposals. That is, they should attempt to be consistent in their representations of what should be done about the allocation of health care in the United States.

ASSIGNMENT:

[Read "Hearings on Health Care Proposals," the three "Instructions" sections following that, and the "Checklist" following the sets of instructions.]

Tell the students that in the remainder of this unit they will be considering several national health-care plans that might be suggested by different elements in American society, and that they will also examine part of the process by which such a plan might be put into operation. To prepare for this activity, assign the reading "Hearings on Health-Care Proposals," in the Student Text. (The reading asks students also to look over the instruction sheets that follow the reading in the Student Text.)

The following lessons require a class with at least twenty students. If your class is slightly below that number, you may make adjustments. For example, there can be three rather than five members on the subcommittee, sponsors may have smaller staffs or interest groups may have fewer representatives. However, if you have a very small class (fewer than a dozen) it may be best to have the class formulate and discuss one or more alternative national health-care plans without role-playing. Without a full subcommittee, interested sponsors or a range of interest groups, the flavor of the Congressional hearings will likely be lost.

LESSONS 32 through 35: CONGRESSIONAL HEARINGS ON HEALTH PLANS

SYNOPSIS:

During these four days students will role-play hearings of a subcommittee of the House of Representatives on alternative health-care proposals. On the first day, groups will prepare for hearings. On the second day, sponsors of proposals will testify. On the third day, interest groups will testify on the proposals. On the fourth day, the subcommittee will discuss the proposals and reach a decision.

OBJECTIVES:

The student will:

- play the role of a Member of Congress (MC), an MC's staff member or a member of an interest group.
- participate in developing or analyzing a national health-care proposal.
- identify the positions of interest groups on national health-care proposals.

STUDENT TEXT: (All items listed are for use in class.)

Instructions: Sponsors of Legislation

Instructions: Subcommittee Members

Instructions: Interest Groups

Checklist: Things To Look For in a Health-Care Proposal

SUGGESTED TEACHING PROCEDURES:

Following is an outline of the activities for these lessons. Four lessons have been allotted for these activities, but your class may need more than four days. The outline below indicates which activities might take place on which days, but you and the students should work out a timetable together. (Note that the members of the Subcommittee on Health Legislation are responsible to work out details such as time limits and the order in which witnesses will appear. However, you might wish to indicate to the Subcommittee how much time they can use.)

A. Assigning Roles: The homework reading, "Hearings on Health-Care Proposals," asked students to look over the specific instructions for the various roles. Begin the first day of the sequence by assigning students to groups. If at all possible, students should choose their own roles. It may appear to students that some roles are more difficult than others. However, each of the three kinds of roles includes one difficult job: the sponsors of legislation must write proposals; the interest groups must prepare responses to all proposals and make their own recommendations to the Subcommittee; and the members of the Subcommittee must design the ground rules and prepare a final report to their committee.

The following remarks pertain to the selection of students for the different kinds of roles.

1. Sponsors: There should be at least three sponsoring groups, of three students each; each group will play the roles of a Member of Congress (MC) and two staff assistants. The instructions for sponsors of legislation in the Student Text include descriptions of three MCs' constituents and supporters, but you may wish to add another group representing, say, the MC from your own district or some other MC whose policy positions are well known to students. The student in each group who plays the MC will be responsible to present the group's proposal to the Subcommittee; however, all members of the group should be held equally accountable for the group's work.

2. Subcommittee: There should be at least five members. The instructions for Subcommittee members describe five members' constituencies, but you may wish to add another member or two. (The total number of members should be an odd number, to make tie votes impossible.) One member of this group will be selected as Chairperson (the selection should be left to the students in the group if at all possible);

this person will be responsible to "run the show" during much of this role-playing activity. However, all members of the group should be held equally accountable for the group's work in preparing a final report (or reports).

3. Interest Groups: The remaining students should be divided into groups of three, each group to represent one interest group. The instructions for interest groups in the Student Text include descriptions of 13 interest groups, which is more than you will need. (In a class of 29, you will have enough students for three sponsoring groups of three students each, five Subcommittee members and five interest groups of three students each.) You and the class should decide which interest groups should be represented; you may wish to include one or more groups that are not described in the instructions. You should try, however, to include at least one group to represent each of the following types of interest: (1) consumers, (2) providers, (3) employers and (4) private insurance companies.

B. Preparations for the Hearings: The remainder of the first day of this sequence should be devoted to preparations for the hearings. The sponsoring groups have more work to do at this time than the others; you may wish to ask these groups to finish their proposals as a homework assignment, giving assurance that the other groups will come in for their share of the work later. Following are the activities that must be carried out by the three types of groups.

1. Sponsors: Each group must decide which of its members is to be the MC (if this decision has not been made already); determine the value principles the group will support, which must reflect the interests of the MC's constituents and supporters; and write a health-care proposal. If the finishing of the proposals is assigned as homework, you will have to allow a few minutes at the beginning of the second day of the sequence for groups to consolidate their work and organize their presentations.

2. Subcommittee: Each member of the Subcommittee must determine the value principles he will support, which must reflect the views of his constituents. The group must also select a chairperson, if this position has not already been filled. Finally, the group must establish rules and an agenda for the hearings and debate. The rules and agenda must be available to all witnesses--both the sponsors of legislation and the interest groups--before the hearings begin.

3. Interest Groups: Each interest group must determine the value principles it will support, which must reflect the interests of the group's constituents (e.g., consumers, providers, employers or insurance companies). Each group must also decide how it will be organized and how tasks will be allotted among members of the group.

C. Presentation of Proposals: This part of the activity could take up the whole period on the second day of the sequence, and possibly part of another day. During the presentation of proposals (and, later, the testimony of interest groups) the classroom should be set up to resemble a Congressional hearing room. The Subcommittee should be seated at the front of the room, facing the audience. There should be a witness table between the Subcommittee and the audience, with three chairs arranged so that the witness and staff members face the Subcommittee. If possible, leave some empty space between the witness table and the audience to emphasize that the audience is not to participate in the hearings. As the Subcommittee calls witnesses they can come forward from the audience and take their seats at the witness table. When the Subcommittee has finished with them, they can return to their seats in the audience.

1. Sponsors: The MC from each sponsoring group must present the group's proposal before the Subcommittee and answer any questions the Subcommittee members ask. Staff members should accompany the MC's, and the MC's may consult their staff members when answering questions.

2. Subcommittee: The Subcommittee must listen to the proposals and question the sponsors. It is important that each member of the Subcommittee remain "in character," representing the views of his constituents back home.

3. Interest Groups: The interest groups must listen to the proposals and the questioning of the sponsors. They must take notes on what is said, because in the next stage of the hearings they will have to testify on their groups' reactions

to the proposals. Each interest group must bear in mind the constituency it represents, and take note of all items in proposals (and things left out of proposals) that that constituency would be interested in.

D. Preparation for Testimony of Witnesses: The interest groups now have the most work to do. Their job--preparing responses to the proposals--may be made a homework assignment. In general, this phase of the activity may be begun at the end of the second day of the sequence, may be worked on for homework, and may be completed at the beginning of the third day of the sequence.

1. Sponsors: The sponsoring groups should meet to decide whether they want to ask the Subcommittee for rebuttal time. Now that they have heard each others' proposals, they may have more to say to the Subcommittee.

2. Subcommittee: The Subcommittee should meet to revise its rules, if revisions are necessary. Individually, members of the Subcommittee should be thinking about the kinds of questions they will want to ask of the interest groups.

3. Interest Groups: Each interest group must prepare a response to the proposals that have been presented. The group may wish to do any or all of the following things: (1) present its views on health care in general, (2) present its views on the proposals the Subcommittee has heard, (3) offer its own proposal and (4) recommend what action the Subcommittee should take. As noted above, interest groups can do some of this preparation as homework and finish it at the beginning of the third day of the sequence.

E. Testimony of Witnesses: During most or all of the third day, the Subcommittee will hear from the interest groups.

1. Sponsors: Members of the sponsoring groups should take notes on the interest groups' presentations. The sponsoring groups may have the opportunity to appear again before the Subcommittee, at which time it would be to their advantage to be able to make point-by-point refutations of arguments against their proposals.

2. Subcommittee: The Subcommittee must listen to the testimony of the interest groups and question the witnesses. Again, it is important that Subcommittee members act "in character."

3. Interest Groups: Each interest group must make its presentation and answer the questions of the Subcommittee members. Each group should also take notes on the presentations of the other interest groups, in case they have the opportunity to present rebuttals later on.

F. Preparation for Further Testimony: The Subcommittee must decide whether it wants to hear further testimony, and the sponsors and interest groups must decide whether they want to say more. These activities might take place at the end of the third day or at the beginning of the fourth day of the sequence.

1. Sponsors: Each sponsoring group must decide whether it wants to appear again before the Subcommittee and, if it does, must request that the Subcommittee hear its testimony.

2. Subcommittee: The Subcommittee must decide whether it has more questions to ask of any of the witnesses who have appeared; it must also consider any requests from sponsors or interest groups that more time be granted. The Subcommittee must then notify all groups concerned of its decisions. If more testimony is to be heard, the Subcommittee must also establish rules for the hearing of testimony and be sure that all groups are notified of the rules.

3. Interest Groups: Each interest group must decide whether it wants to appear again and, if it does, must request that the Subcommittee hear its testimony.

G. Further Testimony: If there is to be further testimony, the Subcommittee must call witnesses, listen to their presentations and question them. The sponsors and interest groups will be either testifying or acting as an audience.

H. Subcommittee Discussion: During the remainder of the fourth day of the sequence, the Subcommittee should discuss the proposals and other testimony it has

heard. The Subcommittee should already have established rules and time limits for discussion, and the Chairperson will be responsible for enforcing the rules and time limits. You may have to serve as "parliamentarian" during this phase of the activity.

Note that during the discussion the sponsors and interest groups will have nothing to do but listen. You might assign some written work to the members of these groups, such as taking notes and preparing a written critique of the arguments of the Subcommittee members. (Sponsoring MC's might write speeches; interest groups might prepare advertising for radio, television, newspapers or magazines.)

The Subcommittee's work may carry over into a fifth day, especially if the Subcommittee is unable to reach a decision on any of the three proposals or a modified version of any of them. Subcommittee members might be given a homework assignment to prepare a compromise plan to be discussed and voted on during the fifth day.

The Subcommittee should conclude its work by voting on a final report to the committee of which it is a part. Minority members may wish to submit a minority report that differs from the majority report.

ASSIGNMENT:

There is no assignment. During the next lesson the class will discuss the role-playing activity.

LESSON 36: SUMMARY

SYNOPSIS:

This lesson is a discussion of the role-playing activity. Students are asked to analyze the events and to evaluate the decision-making process.

OBJECTIVES:

The student will:

- report his reactions to a role-playing activity.
- evaluate the decision-making process portrayed in the role-playing activity.

SUGGESTED TEACHING PROCEDURES:

A. Conclusions of the Subcommittee: If the report is available in writing, distribute copies to the class. Otherwise, allow time for the Chairperson to state the decision and the reasons used in arriving at it. If there is a minority report, allow time for it as well.

B. General Reactions to the Activity: Conduct a discussion of general reactions, spending as much time as is necessary. Students will want to react to the announced decision of the subcommittee; try to avoid comment on this by emphasizing the process used rather than the conclusion reached. For example, if a student questions the decision, ask how the procedures might have been altered to arrive at the conclusion that student would prefer. The purpose of this discussion is to allow students to express affective reactions and to encourage an evaluation of the process through which proposals for the allocation of health-care resources are considered. Toward that end, the following questions may assist you in discussion.

1. What happened? How would you describe what occurred in class?

2. Did anything surprise you? Did anything upset you? What is your general reaction to this decision-making process?

3. What influenced the Subcommittee members most?

4. What about the outcome? Is it one that would likely occur in actual legislative hearings? Why or why not?

5. Was there any aspect of the process that seemed to affect the outcome more than other events?

6. Does this process seem to be a good one for deciding how to establish a plan for allocation of health-care resources? If so, why? If not, what alternative processes might be better? Why?

ASSIGNMENT:

If time remains during this semester, you may want to pursue in greater detail the learnings that may be contained in the role-playing activity. Question 6, above, can serve as the basis for a research assignment designed to involve students in an analysis of the legislative process. Or you may wish to pursue the question of what becomes of the results of subcommittee hearings. This role-playing activity assumes that the subcommittee is investigative, and most committees actually do investigate the merits of specific legislative proposals. This is an opportune time to consider the process of law-making on the national level.